



# Nebraska Behavioral Risk Factor Survey Report 1999 - 2000



**July 2003**

**Nebraska**  
**Behavioral Risk Factor Survey Report**  
**1999 – 2000**

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# EXECUTIVE SUMMARY

## INTRODUCTION

The Nebraska Behavioral Risk Factor Surveillance System (BRFSS) has been conducting surveys annually from 1986 through today (2003) for the purpose of collecting data on the prevalence of major health risk factors among adults residing in the state. Information gathered in these studies can be used to target health education and risk reduction activities in order to lower rates of premature death and disability.

## METHODOLOGY

This surveillance system is based on a research design developed by the Centers for Disease Control and Prevention (CDC) and used in all 50 states, the District of Columbia, and three U.S. territories.

Telephone surveys with 5,921 randomly selected Nebraska residents aged 18 and older were conducted by the Nebraska Health and Human Services System during 1999 and 2000.

## SUMMARY OF RESULTS

A comparison of prevalence estimates for selected risk factors is shown for Nebraska and the nation in Table 1. Nebraska fared better than the United States as a whole in providing access to health care. Fewer adults in the state were without health insurance and the proportion who were unable to see a doctor due to cost was smaller than the national average. Nebraska adults were a little more likely than adults nationwide to report visiting a dentist in the past 12 months.

Nebraska matched the nation on prevalence of most behavioral risk factors and preventive health measures. For example, the proportion of adults who reported their general health to be “fair” or “poor” was unchanged and was very near the national median. Prevalence of cigarette smoking among adults in the state changed little from previous studies and remained close to the national rate.

Nebraska nearly matched the national average in proportion of adults who are obese and prevalence rates continued to increase in 1999-2000, both in the state and the nation.

Nebraska adults were about as likely as adults across the nation to report having their blood pressure checked in the past two years. The proportion of older adults who had gotten a “flu shot” was about the same in Nebraska as it was nationwide.

Still, people in Nebraska were somewhat more likely than Americans overall to be at risk in some areas. Compared to national rates, a greater proportion of Nebraska adults reported engaging in no physical activity in their leisure hours. The proportion who had their blood cholesterol level checked during the last five years was smaller in Nebraska than nationwide. Improvement was noted in the proportion of Nebraska children wearing helmets when riding bicycles, but the rate remained lower than the national rate.

In general, analysis of behavioral risk factor data indicates that certain population subgroups are at greater risk for premature death and disability than the population as a whole. Young adults aged 18 to 24, persons with less education (particularly those who have not completed high school), and persons with low household incomes are often at greater risk due to health-related behaviors measured in this study.

An electronic copy of this report is available to Internet users via the Nebraska Health and Human Services System website. The URL address is <http://www.hhs.state.ne.us/srd/srdindex.htm>.

If you need more recent data on Nebraska and other states, they are available on the CDC website. The URL address is <http://www.cdc.gov/brfss>. The web site also includes BRFSS questions and methodological information.

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## HIGHLIGHTS FOR SPECIFIC RISK FACTORS

### Health Status

- As in past studies, the majority of Nebraska adults rated their general health as good to excellent (88 percent). However, 12 percent characterized their general health as fair or poor.
- Respondents reported an average of 2.9 days in the previous month when they felt their physical health was “not good.” The number of days when mental health was “not good” averaged 2.6 days.
- BRFSS respondents stated that poor physical or mental health kept them from participating in their usual activities an average of 1.7 days during the past month.

### Access to Quality Health Care

- Altogether, 84 percent of adults in Nebraska who have a health care plan other than Medicare reported that an employer-sponsored health care plan is the type of coverage that pays most of their medical bills.
- Nine percent of adults aged 18 and older in Nebraska stated that they were uninsured at the time of the survey. Among respondents aged 18 to 64 (who generally would not be eligible for Medicare), 10 percent were without a health care plan.
- Six percent of respondents said there was a time in the past 12 months when they needed to see a doctor but could not because of the potential cost of care. Among respondents who had no health insurance, the proportion was much greater (28 percent).
- More than two-thirds of adults surveyed in Nebraska stated they had last seen their doctor for a routine checkup within the past 12 months. Still, for 10 percent of respondents, it had been five years or more since they last visited a physician for this purpose.

### Care Giving

- Fifteen percent of BRFSS respondents had, in the month prior to the survey, provided regular care to a family member or friend who is elderly or has a long-term illness or disability.

- More than one-half of the adults surveyed said they would not know who to call to arrange short- or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves.

### Diabetes

- Five percent of adults in Nebraska have been told by a doctor that they have diabetes. Of these persons with diabetes, 29 percent stated that they are now taking insulin for this condition. Two-thirds of the respondents with diabetes reported taking diabetes pills to control the disease.

### Arthritis

- Thirty percent of BRFSS respondents have been told by a doctor that they have arthritis or they have experienced chronic joint symptoms that indicate they have arthritis.
- One-half of respondents with chronic joint symptoms said they are limited in their activities because of this condition.
- Persons with arthritis fared worse on quality of life measures than did persons who do not have arthritis. For example, the proportion of respondents who rated their own health as fair or poor was more than three times as high among persons with arthritis (24 percent) as it was for people who do not have this condition (7 percent).

### Asthma

- Nine percent of adults in Nebraska stated that a doctor had at some time told them they had asthma. When asked whether or not they still have asthma, the majority (71 percent) said they do. This translates into a current prevalence estimate of about 6 percent among Nebraska adults.

### Skin Cancer

- To lessen the chances of developing skin cancer, the American Cancer Society recommends avoiding or limiting exposure to the sun when its ultraviolet rays are the strongest. Forty percent of Nebraska adults reported that they had gotten at least one sunburn during the 12 months prior to the survey, with recent sunburns much more common among younger adults.

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## **Injury Prevention**

- The proportion of respondents with children aged 5 to 15 years who reported that their child always wears a helmet when bicycle riding has increased since 1995 when data collection on this topic began. However, the current study still found the majority of these children to be at risk due to nonuse of bicycle helmets (76 percent of those who ride bikes).
- Nearly one-third (32 percent) of respondents to the 1999 BRFSS and the members of their households were at risk because they either did not have smoke detectors in their homes, or if they did have them, had not tested them in the past six months to be sure they were working properly.

## **Alcohol Misuse**

- Prevalence of binge drinking among Nebraska adults has remained steady over the last 12 years, with 17 percent of respondents in 1999 saying they had five or more alcoholic drinks on at least one occasion during the past month.
- Four percent of respondents reported that, in the month prior to the survey, they had driven a motor vehicle after having consumed too much alcohol.

## **Tobacco Use**

- More than one-fifth (22 percent) of adults aged 18 and older stated that they are current smokers. Prevalence of cigarette smoking has remained nearly steady throughout the 1990's.
- In about one-fourth of the households with children 12 years of age and younger, someone had smoked cigarettes, cigars, or pipes in the home during the past month. Among households with children aged 13 to 17, smoking had occurred in 30 percent of homes.
- Nine percent of Nebraska men aged 18 and older currently use oral forms of tobacco, such as snuff or chewing tobacco. Prevalence of smokeless tobacco use has held steady at this rate for most of the 1990's.

## **Overweight and Obesity**

- More than one-half of the adults surveyed in 1999-2000 were overweight or obese (58 percent), based on self-reported heights and weights and the Body Mass Index.

- From 1989 to 1992, the proportion of adults who were obese was stable at 12 or 13 percent. Since then prevalence has risen by about 75 percent, so that 21 percent were categorized as obese in 1999-2000. Prevalence of overweight has also risen among adults but not as sharply.

- Among respondents who were classified as obese, 58 percent said they were currently trying to lose weight, while 42 percent said they were not. Among those who were overweight but not obese, 40 percent reported they were attempting weight loss at the time of the survey.

- One-half of the obese adults in the study who were trying to lose weight used a combination of increased physical activity and reduced calorie or fat intake to reach their objective.

## **Consumption of Fruits and Vegetables**

- Eight out of ten Nebraska adults (79 percent) consumed fruits and vegetables less frequently than the recommended five or more times daily.

## **Folic Acid**

- Little more than one-third (36 percent) of women of childbearing age (18 to 44 years) were able to correctly state that health experts recommend taking folic acid to prevent birth defects.
- Less than one-half of the women in this age group (46 percent) reported taking either a multivitamin or other vitamins containing folic acid every day.

## **Physical Activity Levels**

- Nearly three of every ten adults responding to the Nebraska BRFSS (29 percent) stated that they had not participated in any leisure-time physical activity in the past month.
- Only about one-fifth of Nebraska adults (20 percent) participated in "regular and sustained physical activity." This is the level of physical activity recommended in the U.S. Surgeon General's Report and requires 30 minutes of moderately vigorous physical activity at least five times per week. These 30 minutes of exercise may include "lifestyle" activities such as gardening or walking up the stairs, as well as more specific routines such as brisk walking.



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## High Blood Pressure

- More than nine of every ten respondents (94 percent) had their blood pressure checked within the past two years.
- The proportion of adults in Nebraska who have ever been told they have high blood pressure has remained fairly stable since 1987, with 22 percent reporting this condition in 1999.

## Cholesterol Screening

- The majority of BRFSS participants (63 percent) had their blood cholesterol level tested within the past five years.
- About one-fourth of those who had been tested (27 percent) said their doctor or other health professional told them their cholesterol level is high.

## Colorectal Cancer Screening

- Only about one-fourth (26 percent) of respondents aged 50 and older had a blood stool test (using a home kit) in the past two years.
- One-third of persons aged 50 and older reported ever having a sigmoidoscopy or proctoscopic examination.

## Women's Health

- Seven out of ten women aged 40 and older (71 percent) had a mammogram during the past two years. This rate has increased considerably since 1989 when only 43 percent reported having this screening in the two years prior to the survey.
- More than three-fourths of all women aged 18 and older (78 percent) had a Pap test performed within the last three years.

## Family Planning

- One-third of female respondents of childbearing age (18 to 44 years of age) who were pregnant at the time of the survey or had been pregnant in the past five years said their last (or current) pregnancy was unintended. Among women aged 18 to 24, two-thirds (67 percent) indicated their last or current pregnancy was unintended.

## HIV/AIDS

- The majority of adults aged 18 through 64 (88 percent) stated that, if they had a sexually active teenager, they would encourage him or her to use a condom. The proportion of respondents who would encourage this practice for sexually active adolescents was highest among young adults.
- When asked to assess their chances of getting infected with HIV, 6 percent of Nebraska adults under age 65 rated their risk as "high" or "medium." Respondents' perceptions of their risk of infection have decreased somewhat from previous studies, when 8 or 9 percent considered themselves at high or medium risk of HIV infection.
- About one-third of BRFSS respondents aged 18 to 64 years (34 percent) said their blood had been tested for HIV infection (excluding tests they may have had as part of blood donations).

## Immunizations

- Two-thirds (68 percent) of adults aged 65 and older reported having a "flu shot" within the past 12 months.
- The proportion of adults in this age group who ever had a pneumonia vaccination increased from 27 percent in 1993 to 57 percent in 1999.

## Oral Health

- The majority of adults surveyed in Nebraska in 1999 (72 percent) said they had visited the dentist within the past year.
- About one-half of BRFSS respondents (53 percent) reported that they had none of their permanent teeth removed because of tooth decay or gum disease. However, 8 percent stated that they had at some time had all their teeth removed.
- Respondents who had ever been to a dentist and who had not had all their teeth extracted were asked how long it had been since they had their teeth "cleaned" by a dentist or dental hygienist. Three-fourths (74 percent) said they had their teeth cleaned within the past year.

**Table 1**  
Comparison of Prevalence  
Selected Behavioral Risk Factors and Preventive Health Measures  
Nebraska vs. United States  
1999-2000

	Nebraska (%)	United States (%)
<b><u>Health Status</u></b>		
Reported general health to be "fair" or "poor"	12	13
Ever told by a doctor they have diabetes	5	6
Ever told by a doctor they have asthma	9	10
Ever told by a doctor they have high blood pressure	22	24
Ever told by doctor that cholesterol level is high	27	30
<b><u>Access to Health Care</u></b>		
No health insurance (age 18+)	9	12
Unable to see doctor due to cost at some time in past 12 months	6	10
Covered by employer-sponsored health care plan	84	83
<b><u>Risk Factors</u></b>		
Cigarette smoking	22	23
Obese (Body Mass Index = 30.0 +)	21	20
No leisure-time physical activity	30*	27
At high or medium risk for getting HIV	6	6
No smoke detector in the home	7	4
<b><u>Good Health Habits</u></b>		
Always wear helmet when riding bicycle (children aged 5 – 15 years who ever ride bikes)	24	33
Consume fruits/vegetables 5+ times per day	21	23
Participate in regular/sustained physical activity	20	22
<b><u>Preventive Measures</u></b>		
Ever had mammogram (women aged 40+)	85	87
Blood pressure checked in past 2 years	94	95
Blood cholesterol level checked in past 5 years	63	70
Ever had pneumonia vaccination (age 65+)	57	55
Flu shot in past 12 months (age 65+)	68	67
Visited dentist in past 12 months	72	68
Had teeth cleaned by dental health professional in past 12 months	74	72

\*In 2000 only.



## ESTIMATED NUMBER OF PEOPLE AT RISK

The 1999-2000 Nebraska Behavioral Risk Factor Surveillance System shows that a substantial portion of the adult population of the state is “at risk” for one or more of the factors studied. Table 2 presents estimates of the number of persons aged 18 and older in Nebraska (based on 2000 U.S. Census figures) who are at risk due to individual risk factors.

For some behaviors where certain age groups are most effected (such as mammograms, flu shots, and risk of getting HIV), appropriate population subgroups have been used to estimate the number of persons at risk and the relevant age groups are noted in Table 2.

**Table 2**  
Percentage and Number of Persons at Risk Due to Specific Factors  
Nebraska Residents Aged 18 Years and Older  
1999-2000

Risk Factor	Estimated Percentage at Risk	Estimated Number at Risk*
General health is fair/poor	12	151,323
No health insurance	9	113,492
Told by a doctor they have diabetes	5	63,051
Alcohol misuse		
Heavy drinking	3	37,831
Binge drinking	17	214,374
Drinking and driving	4	50,441
Cigarette smoking	22	277,425
Obesity (BMI)	21	264,814
Consume fruits/vegetables less than 5 times per day	79	996,207
No leisure-time physical activity	29	365,696
No regular and sustained physical activity	80	1,008,817
Ever told blood pressure high	22	277,425
Not had cholesterol level checked in past 5 years	37	466,578
Not had mammogram in past 2 years (women aged 40+)	29	112,731
At high or medium risk for getting HIV (aged 18-64)	6	61,730
No flu shot in past 12 months (aged 65+)	32	74,302
Not visited dentist in past 12 months	28	353,086

\*Estimated number at risk = % at risk x Nebraska population aged 18 and older (unless otherwise noted)  
Population data: 2000 U.S. Census.

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# INTRODUCTION

The Nebraska Behavioral Risk Factor Surveillance System (BRFSS) has been conducting surveys annually since 1986 for the purpose of collecting data on the prevalence of major health risk factors among adults residing in the state.

This series of surveys is based on a research design developed by the Centers for Disease Control and Prevention (CDC). It is used in all 50 states, the District of Columbia, and three U.S. territories. Questions are standardized to ensure comparability of data with other states and to allow determination of trends over time.

Information gathered in these studies can be used to target health education and risk reduction activities in order to lower rates of premature death and disability.

The current report presents results of interviews conducted in 1999 and 2000. It addresses: major health risk factors, such as smoking and physical inactivity; preventive health behaviors, such as immunizations and cancer screening; health status, including activity limitations and prevalence of diabetes; health care issues, such as health insurance coverage and caregiving.

In addition to presenting basic findings from the 1999-2000 Nebraska survey, this report also summarizes trends in prevalence over time. Whenever data are available, it compares Nebraska BRFSS data with national averages and results in surrounding states. Nebraska 2010 objectives that can be measured using BRFSS data have also been included.

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## METHODOLOGY

Telephone surveys with 5,921 randomly selected Nebraska residents aged 18 years or older were conducted by the Nebraska Health and Human Services System during 1999 and 2000.

As in the studies conducted in 1993 through 1998, a rotating core of questions was used by all states. That is, some questions were asked only in alternate years, so the sample size for those questions would be approximately one-half the total number of respondents for the two years. In addition to the rotating core questions, Nebraska selected other question modules of interest that were developed cooperatively between CDC and the states (for example, arthritis).

The demographic distribution of survey respondents is presented in Table 3. Data on sex, age, rural vs. urban residence, education and household income were used to determine whether the prevalence of behavioral risk factors could be linked to or associated with these demographic variables. However, it is necessary to keep in mind that, in many instances, multiple factors may be operating to influence prevalence.

Reliable estimates of risk factor prevalence by race/ethnicity could generally not be calculated for 1999-2000 due to the small number of interviews with persons who are members of racial or ethnic minority groups in Nebraska.

All data in this report were age- and sex-adjusted to the 2000 U.S. Census population distribution for Nebraska by use of direct standardization. This technique enables results from each year of the survey to be compared to all others for analysis of trends over time.

**Table 3**  
Demographic Summary of Respondents  
1999 – 2000 Nebraska Behavioral Risk Factor Surveillance System

	# Sampled	% of Sample	Nebraska Population Aged 18 Yrs+**	% of Nebraska Population Aged 18 Yrs+
<b><u>TOTAL</u></b>	5,921	100	1,261,021	100
<b><u>SEX</u></b>				
Male	2,369	40	612,965	49
Female	3,552	60	648,056	51
<b><u>AGE</u></b>				
18-24	586	10	174,425	14
25-34	994	17	223,273	18
35-44	1,131	19	263,834	21
45-54	1,024	17	225,754	18
55-64	663	11	141,540	11
65-74	723	12	115,699	9
75+	739	12	116,496	9
Unknown	61	1		
<b><u>PLACE OF RESIDENCE*</u></b>				
Urban	2,663	45	622,539	49
Rural	3,230	55	638,482	51
Unknown	28	<1		
<b><u>EDUCATION</u></b>				
Kindergarten/Never	12	<1		
Elementary School	189	3		
Some High School	353	6		
High School Grad/GED	2,152	36	Not Available	Not Available
Tech School/Some College	1,638	28		
College Graduate	1,552	26		
Don't Know/Refused	25	<1		
<b><u>HOUSEHOLD INCOME</u></b>				
Less than \$10,000	232	4		
\$10,000-14,999	309	5		
\$15,000-19,999	417	7		
\$20,000-24,999	704	12		
\$25,000-34,999	951	16	Not Available	Not Available
\$35,000-49,999	953	16		
\$50,000-74,999	750	13		
\$75,000 +	508	9		
Don't Know/Refused	1,097	19		

\*Urban residents are defined as persons living in Douglas, Sarpy, or Lancaster counties. All other counties are considered rural.

\*\*2000 U.S. Census.

# HEALTH STATUS

Health-related quality of life measures have been included in the Nebraska BRFSS since January 1993. These questions seek to determine how persons perceive their own health and how well they function physically, psychologically, and socially during their usual daily activities. These indicators are important because they can assess dysfunction and disability that are not measured by standard morbidity and mortality data.

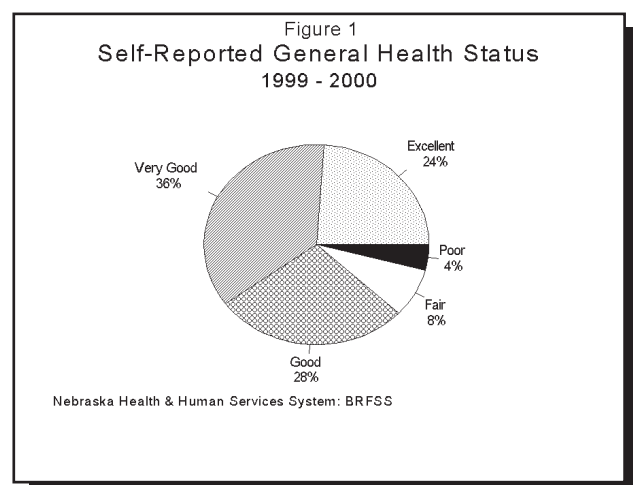
## GENERAL HEALTH

### Definition

**At Risk:** Respondents who answered “Fair” or “Poor” to the question “Would you say that in general your health is: Excellent? Very good? Good? Fair? Or Poor?”

### Current Prevalence

When asked to rate their health in general, the majority of adults responding to the 1999-2000 BRFSS said it was “excellent” (24 percent) or “very good” (36 percent). An additional 28 percent considered their health to be “good.” However, more than one in every nine respondents rated it only “fair” (8 percent) or “poor” (4 percent). (Figure 1).



### Trend over Time

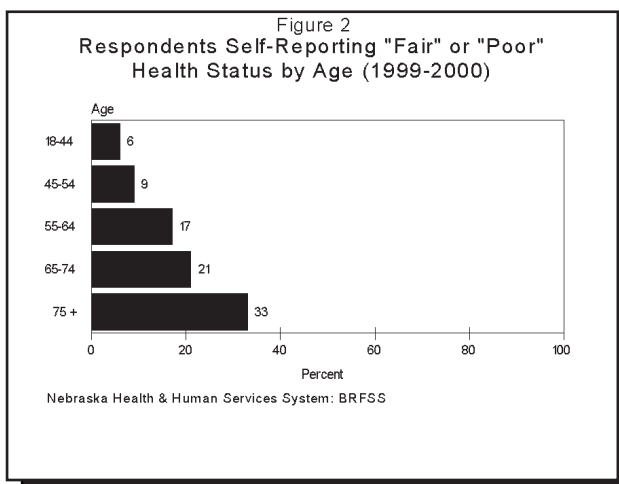
The proportion of respondents categorizing their health as fair or poor has not changed over time. Twelve percent gave these responses in

all three previous studies and in the current one.

### Who's at Risk in Nebraska?

Men (11 percent) and women (12 percent) were about equally likely to report being in fair or poor health.

The proportion of respondents with fair or poor health increased with advancing age (Figure 2). One-third of elderly survey participants aged 75 and older said that their health is only fair (23 percent) or poor (10 percent), while 21 percent of persons aged 65 to 74 rated their health that way. Among residents aged 55 to 64, 17 percent considered their health to be fair or poor, compared to only about 6 percent of those aged 18 to 44 years.



The proportion of rural residents who reported fair or poor health (14 percent) was somewhat higher than the proportion of urban county residents (10 percent).

The proportion of respondents who categorized their health status as fair or poor decreased substantially with increasing levels of education (Table 4). More than one-fourth of respondents who had less than a high school education (27 percent) rated their general health as fair or poor. The proportion with fair or poor health was much lower among high school graduates (15 percent) and decreased to only 5 percent among college graduates.

**Table 4**  
 Respondents Self-Reporting "Fair"  
 Or "Poor" Health Status  
 1999-2000

<b>Education</b>	<b>%</b>
Less than HS	27
HS Grad/GED	15
Some College/Tech	9
College Grad	5

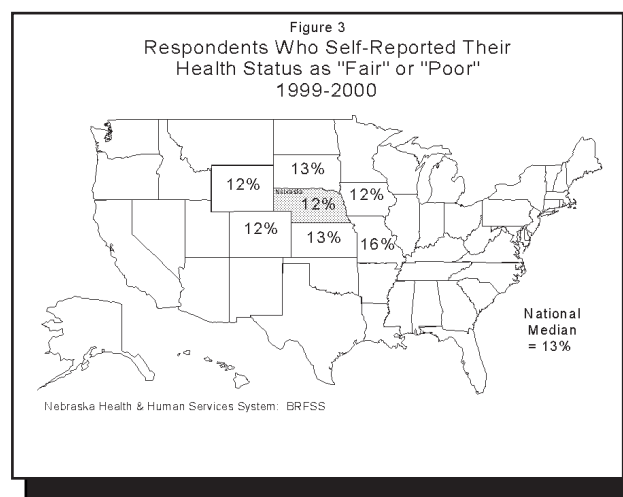
<b>Income</b>	<b>%</b>
< \$20,000	22
\$20,000-\$34,999	15
\$35,000-\$49,999	6
\$50,000 or More	3

Nebraska Health & Human Services System: BRFSS

Similarly, persons with lower household incomes were generally more likely than those with higher incomes to report being in fair or poor health. Among respondents with annual incomes under \$20,000, 22 percent categorized their health this way, compared to only 3 percent of those with incomes of \$50,000 or more per year.

### Nebraska and the Nation

Nebraska, with 12 percent, ranked just below the 1999-2000 national median (13 percent) in proportion of adults who perceive their general health to be fair or poor (Figure 3). Five of the six surrounding states reported similar percentages (12 or 13 percent). In Missouri, 16 percent of adults rated their health fair or poor.



## PHYSICAL HEALTH

### Definition

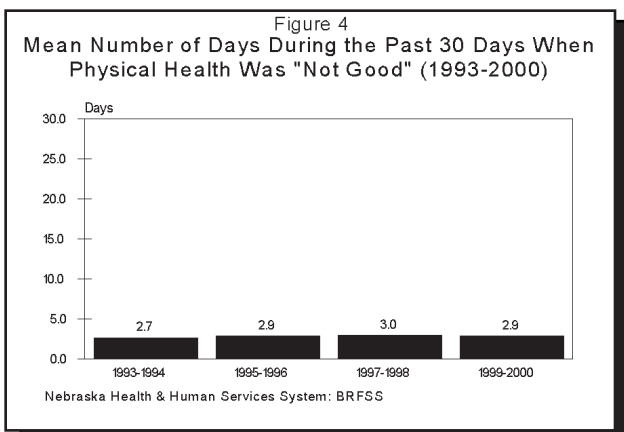
Average (Mean) Number of Days Physical Health Not Good: Based on responses to the question, "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"

### Current Status

In the 1999-2000 BRFSS, adults in Nebraska reported an average of 2.9 days out of the past 30 days when they felt their physical health was not good.

### Trend over Time

The average number of days when physical health was not good was somewhat higher in the past six years than it was in 1993-1994 when BRFSS respondents reported an average of 2.7 days (Figure 4).



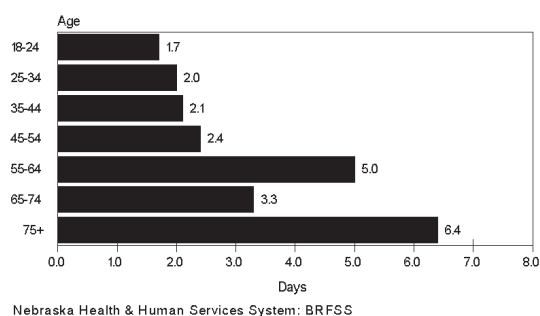
### Who's at Risk in Nebraska?

On average, females (3.1 days) reported a slightly greater number of days when their physical health was not good than did males (2.7 days).

The average number of days when physical health was not good generally increased with increasing age of respondent (Figure 5). Elderly people in Nebraska (aged 75 and older) reported nearly four times as many of these days as did respondents aged 18 to 24 (6.4 and 1.7 days, respectively).



Figure 5  
Mean Number of Days During the Past 30 Days When Physical Health Was "Not Good" by Age (1999-2000)



Rural residents of Nebraska reported 3.0 days in the last month when their physical health was not good, compared to 2.7 days for urban residents.

Persons with less than a high school education averaged 5.5 days in the past month when their physical health was not good (Table 5). This average decreased with increasing levels of education, dropping to 3.0 for high school graduates and 1.8 days for college graduates.

**Table 5**

Mean Number of Days During the Past 30 Days When Physical Health Was "Not Good" 1999-2000

<u>Education</u>	<u>Average Number of Days</u>
Less than HS	5.5
HS Grad/GED	3.0
Some College/Tech	3.0
College Grad	1.8

<u>Income</u>	<u>Average Number of Days</u>
< \$20,000	5.3
\$20,000-\$34,999	3.2
\$35,000-\$49,999	2.3
\$50,000 or More	1.5

Nebraska Health & Human Services System: BRFSS

A similar trend was noted by household income, with averages ranging from a high of 5.3 days for respondents with incomes under \$20,000 per year to a low of 1.5 days for those with annual incomes of \$50,000 or more (Table 5).

## MENTAL HEALTH

### Definition

Average (Mean) Number of Days Mental Health Not Good: Based on responses to the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

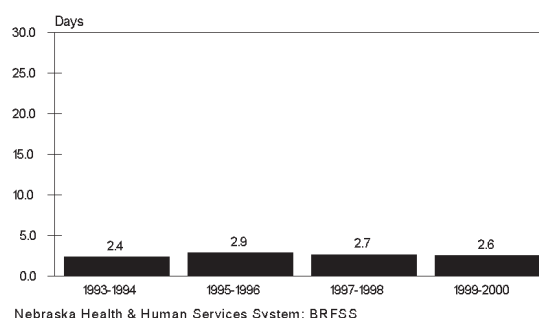
### Current Status

Adults aged 18 and older in Nebraska reported an average of 2.6 days in the 30 days prior to the survey when their mental health was not good.

### Trend over Time

Average number of days when mental health was not good varied somewhat among the four studies, ranging from 2.4 days in 1993-1994 to 2.9 days in 1995-1996 (Figure 6).

Figure 6  
Mean Number of Days During the Past 30 Days When Mental Health Was "Not Good" (1993-2000)

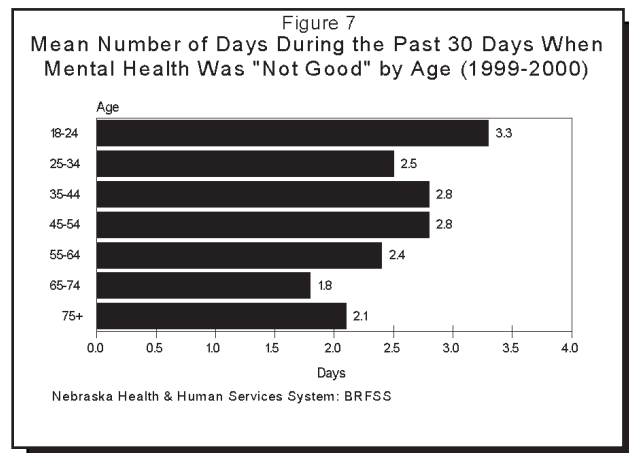


### Who's at Risk in Nebraska?

Women averaged a greater number of days in the past month (3.0 days) when their mental health was not good than did men (2.2).

In contrast to physical health where the opposite was true, older respondents tended to report fewer days when mental health was not good than younger respondents. However, the correlation between age and average number of days when mental health was not good does

not appear to be as strong as the correlation between age and physical health (Figure 7). Persons aged 75 years and older averaged 2.1 days in the past month when their mental health was not good, compared to 3.3 for persons aged 18 to 24.



Urban residents reported 2.7 days in the past 30 when they felt their mental health was not good, while rural respondents averaged 2.5 days.

Respondents with less than a high school education had more days when their mental health was not good (3.6 days) than did persons with more years of school (Table 6).

**Table 6**

Mean Number of Days During the Past 30 Days When Mental Health Was "Not Good" 1999-2000

<b>Education</b>	<b>Average Number of Days</b>
Less than HS	3.6
HS Grad/GED	2.5
Some College/Tech	2.8
College Grad	2.2

<b>Income</b>	<b>Average Number of Days</b>
< \$20,000	3.9
\$20,000-\$34,999	2.8
\$35,000-\$49,999	2.5
\$50,000 or More	1.8

Nebraska Health & Human Services System: BRFSS

Persons with annual household incomes under \$20,000 averaged more than twice as many days when their mental health was not good (3.9) as respondents earning \$50,000 or more per year (1.8).

## ACTIVITY LIMITATION

### Definition

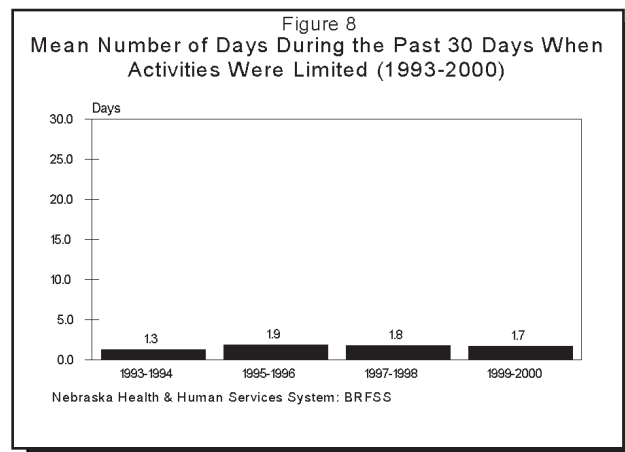
Average (Mean) Number of Days Activities Limited: Based on responses to the question, "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual duties, such as self-care, work, or recreation?" This question was asked only of respondents who reported one or more days when physical health or mental health was "not good" in previous questions.

### Current Status

BRFSS respondents who reported in previous questions that either their physical health or their mental health or both were not good for one or more days in the past month were then asked for how many days their activities were limited by these conditions. In 1999-2000, these respondents recorded an average of 3.8 days of limited activity during the past month. If all survey respondents are included, the overall average falls to 1.7 days per person.

### Trend over Time

Average number of limited activity days was somewhat higher in the last three studies than in the 1993-1994 BRFSS (1.3 days). (Figure 8).



---

## Who's at Risk in Nebraska?

As with the two previous measures (physical and/or mental health not good), women (1.9 days) averaged more days in the past month when their usual activities were limited than men did (1.5 days).

In general, older respondents also reported more days of limited activity than younger ones (Table 7). Persons who had less education recorded more activity-limited days than persons with more education. Similarly, lower-income respondents noted greater numbers of days when they were unable to perform their daily activities than did those with higher household incomes.

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**Table 7**

Mean Number of Days During the Past 30 Days  
When Activities Were Limited  
1999-2000

---

<b><u>Age</u></b>	<b><u>Average Number of Days</u></b>
18-24	1.7
25-34	2.4
35-44	2.8
45-54	3.4
55-64	5.6
65-74	6.8
75+	10.0
<b><u>Education</u></b>	<b><u>Average Number of Days</u></b>
Less than HS	8.0
HS Grad/GED	4.2
Some College/Tech	3.6
College Grad	2.3
<b><u>Income</u></b>	<b><u>Average Number of Days</u></b>
< \$20,000	7.0
\$20,000-\$34,999	3.8
\$35,000-\$49,999	2.5
\$50,000 or More	1.8

Nebraska Health & Human Services System: BRFSS

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# ACCESS TO QUALITY HEALTH CARE

Lack of a health care plan or inadequate insurance coverage prevents many people from getting needed care because they are financially unable to pay for services without the help of insurance. Persons with health insurance are generally more likely to have a primary care provider and to have received appropriate preventive care, such as early prenatal care, immunizations, or a recent Pap test.

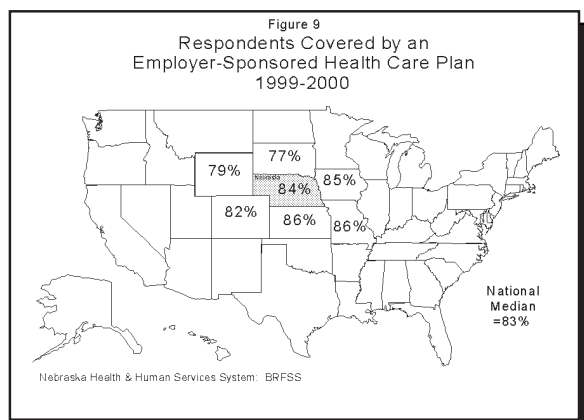
## TYPE OF HEALTH CARE COVERAGE

Altogether, 84 percent of adults in Nebraska who have a health care plan (other than Medicare) in 1999-2000 reported that the type of coverage that pays most of their medical bills is an employer-sponsored plan. Eleven percent said their plan was purchased by the respondent or by someone else.

In 1999, 62 percent of the respondents with a health care plan stated that there is a book or list of doctors associated with their health care insurance. However, a much smaller proportion (37 percent) indicated that they were required to use a certain doctor or clinic for all routine care.

### Nebraska and the Nation

The proportion of adults covered by an employer-sponsored health care plan was slightly higher than the national median (83 percent) in Nebraska (84 percent) in 1999-2000. South Dakota (77 percent) and Wyoming (79 percent) reported somewhat lower levels of employer-sponsored health insurance coverage than the nation (Figure 9).



## NO HEALTH CARE PLAN

### Definition

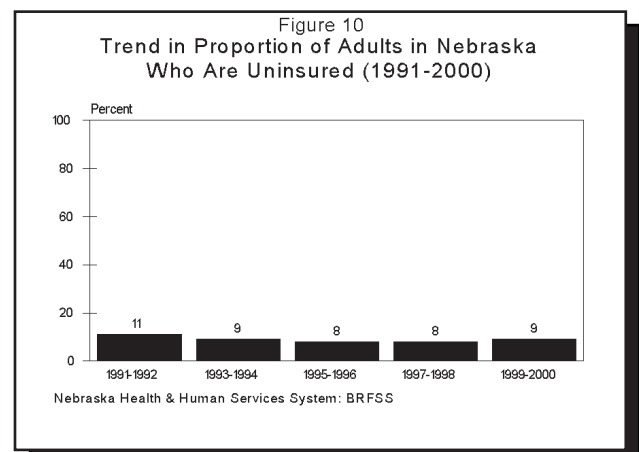
No Health Care Coverage: "No" to the question, "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?" and "None" to the question, "There are some types of coverage you may not have considered. Please tell me if you have (coverage through) any of the following: your employer; someone else's employer; a plan that you or someone else buys on your own; Medicare; Medicaid or Medical Assistance; the military, CHAMPUS, TriCare, or the VA; the Indian Health Service; or some other source."

### Current Prevalence

Nine out of ten adults aged 18 and older participating in the 1999-2000 BRFSS (91 percent) said they had some kind of health care coverage. However, 9 percent stated they were uninsured at the time of the survey.

### Trend over Time

In the 1991-1992 BRFSS, 11 percent of adults reported having no health care plan (Figure 10). Prevalence of uninsured adults decreased to 9 percent in 1993-1994, then to 8 percent in the 1995-1996 and 1997-1998 surveys. In the current study, the uninsured rate returned to 9 percent.



## Who Does Not Have Coverage in Nebraska?

Men (9 percent) and women (8 percent) in Nebraska were about equally likely to report having no health care plan at the time of the survey.

The proportion of uninsured adults was by far the highest among young adults aged 18 to 24 years (Table 8). Eighteen percent said they did not have a health care plan and an additional two percent did not know if they had health insurance. Twelve percent of adults aged 25 to 34 were also without a health care plan. The proportions that were uninsured decreased with increasing age of respondent. The percentage of elderly people in Nebraska (aged 65 and older) who stated they had no health care plan was small (about 2 percent) due to the availability of Medicare. Among respondents aged 18 to 64, who would generally not be eligible for Medicare, 10 percent were without a health care plan.

**Table 8**

Proportion of Adults Who Are Uninsured

<b>Age</b>	<b>%</b>
18-24	18
25-34	12
35-44	9
45-54	6
55-64	8
65-74	1
75+	2

<b>Education</b>	<b>%</b>
Less than HS	19
HS Grad/GED	10
Some College/Tech	8
College Grad	4

<b>Income</b>	<b>%</b>
< \$20,000	19
\$20,000-\$34,999	11
\$35,000-\$49,999	4
\$50,000 or More	2

Nebraska Health & Human Services System: BRFS

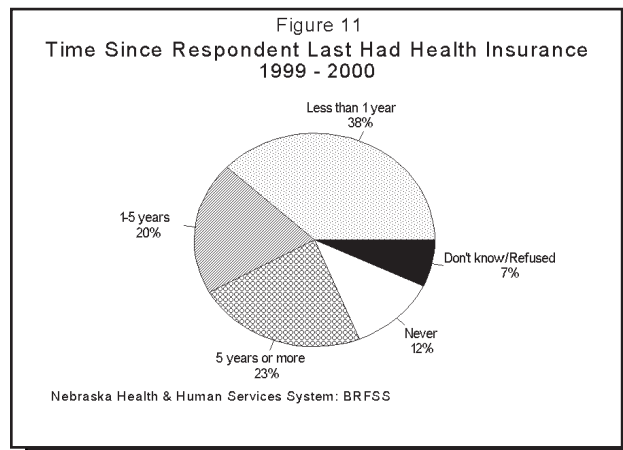
Similar proportions of urban (8 percent) and rural respondents (9 percent) reported not having any health care plan.

Persons with less than a high school education (19 percent) were far more likely to be uninsured than respondents with more years of schooling. Ten percent of respondents who had graduated from high school or earned their GED were uninsured. Only 4 percent of college graduates indicated they did not have a health care plan.

A similar trend was evident by household income of respondents. Persons with incomes of less than \$20,000 annually (19 percent uninsured) were much more likely than were respondents earning \$20,000 to \$34,999 per year (11 percent) to report they had no health insurance. The proportion of uninsured adults dropped sharply in the higher income brackets, with only 4 percent uninsured among those with annual incomes of \$35,000 to \$49,999 and 2 percent uninsured among those earning \$50,000 or more per year.

## Length of Time Since Covered by Health Insurance

Respondents who indicated they did not have health care coverage were then asked how long it had been since they had insurance (Figure 11). Nearly four of every ten respondents (38 percent) said it had been less than one year. However, 23 percent said five years or more had elapsed since they last had health insurance and 12 percent reported never having health insurance at all.



Although men and women were about equally likely to be uninsured at the time of the survey, 41 percent of the uninsured men said it had been less than one year since they were covered (Table 9). Fewer uninsured women gave this response (36 percent) and were a little more likely to say it had been one to five years since they had coverage (24 percent vs. 16 percent of men).

**Table 9**

Proportion of Adults Who are Uninsured  
By Length of Time Since They Had Coverage  
By Gender  
1999-2000

<b>Time Since Had Coverage</b>	<b>Male (%)</b>	<b>Female (%)</b>
Less Than 1 Year	41	36
1 – 5 Years	16	24
5 Years or More/ Never Had	36	34
Don't Know/Refused	7	6

Nebraska Health & Human Services System: BRFS

Younger uninsured respondents were more likely than older uninsured persons to report being without health insurance for less than a year (Table 10). Nearly one-half (47 percent) of 18- to 34-year-olds who were uninsured said it had been less than a year since they had coverage, compared to only 18 percent of those aged 45 to 64 years. Conversely, more than one-half of the older respondents (aged 45 to 64) said it had five years or more since they had insurance or they had never had it (56 percent), while only 25 percent of respondents in the 18-to-34 age bracket gave this response.

**Table 10**

Proportion of Adults Who are Uninsured  
By Length of Time Since They Had  
Coverage By Age  
1999-2000

<b>Time Since Had Coverage</b>	<b>Age .....</b>		
	<b>18-34(%)</b>	<b>35-44(%)</b>	<b>45-64(%)</b>
Less Than 1 Year	47	36	18
1 – 5 Years	20	18	24
5 Years or More/ Never Had	25	42	56
Don't Know/Refused	8	4	2

Nebraska Health & Human Services System: BRFS

The proportions of urban and rural residents who reported being without health insurance at the time of the survey were roughly equal. However, uninsured urban residents (51 percent) were much more likely than uninsured rural residents (30 percent) to state that it had been less than one year since they had coverage (Table 11). Uninsured rural respondents (42 percent) were much more likely than those in urban counties (24 percent) to say they had been uninsured for five years or more or never had health insurance.

**Table 11**

Proportion of Adults Who are Uninsured  
By Length of Time Since They Had Coverage  
By Place of Residence  
1999-2000

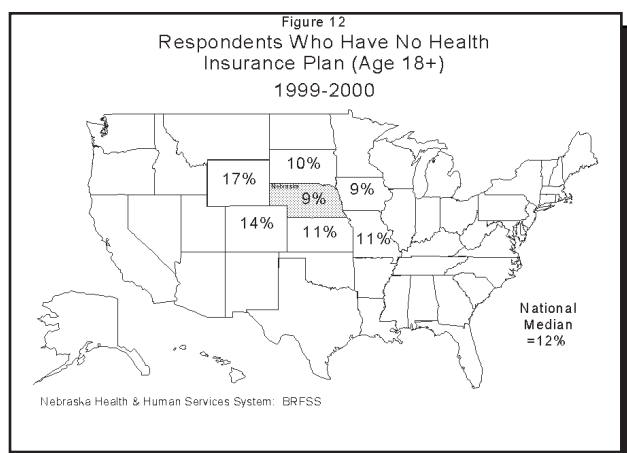
<b>Time Since Had Coverage</b>	<b>Urban (%)</b>	<b>Rural (%)</b>
Less Than 1 Year	51	30
1 – 5 Years	19	20
5 Years or More/ Never Had	24	42
Don't Know/Refused	5	8

Nebraska Health & Human Services System: BRFS



## Nebraska and the Nation

Nationwide, in the 1999-2000 BRFSS, 12 percent of adults aged 18 or older reported that they had no health insurance, compared to 9 percent in Nebraska (Figure 12). Nebraska fared better than five of the six surrounding states, where uninsured rates ranged from 10 percent for South Dakota to 17 percent in Wyoming. In Iowa, the proportion of adults with no health care plan matched the Nebraska rate (9 percent).



## Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999-2000	US BRFSS 1999-2000	US 2010 Target
Proportion of adults aged 18 and older who have no health insurance	0%	9%	12%	0%

## UNABLE TO SEE A DOCTOR DUE TO COST

### Definition

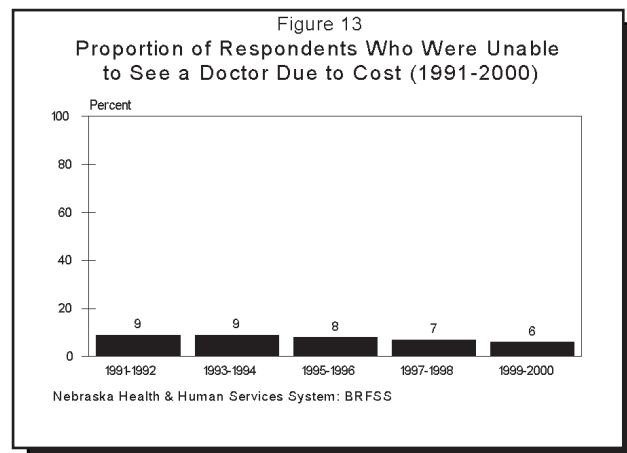
Unable to See a Doctor Due to Cost:  
“Yes” to the question, “Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?”

### Current Prevalence

Overall, 6 percent of respondents to the 1999-2000 BRFSS stated that there had been a time in the past 12 months when the potential cost of health care had prevented them from seeing a physician.

### Trend over Time

The proportion of respondents who said cost of health care kept them from visiting a physician when they needed care gradually decreased from 9 percent in 1991-1992 to 6 percent in the current study (Figure 13).



### Who's at Risk in Nebraska?

In general, the respondent groups with the highest proportion of uninsured were also the most likely to report a time in the past year when they had not been able to visit the doctor because of cost.

Women (8 percent) were somewhat more likely than men (5 percent) in the current study to report that they had been unable to see a physician due to the potential cost of care.

Young adults aged 18 to 24 years (11 percent) were the group most frequently reporting they had been unable to visit a doctor for this reason (Table 12). The proportion that stated that cost had prevented them from going to the doctor gradually decreased with increasing age of respondents. Only 3 percent of persons aged 65 and older reported not visiting the doctor because of the potential expense.

**Table 12**

Proportion of Respondents Who Were Unable to See a Doctor Due to Cost 1999-2000

<b>Age</b>	<b>%</b>
18-24	11
25-34	9
35-44	7
45-54	7
55-64	4
65 +	3

<b>Education</b>	<b>%</b>
Less than HS	13
HS Grad/GED	6
Some College/Tech	7
College Grad	5

<b>Income</b>	<b>%</b>
< \$20,000	15
\$20,000-\$34,999	9
\$35,000-\$49,999	4
\$50,000 or More	2

Nebraska Health & Human Services System: BRFSS

The proportions of urban and rural residents who reported they needed care, but had been unable to see a doctor because of cost were about equal.

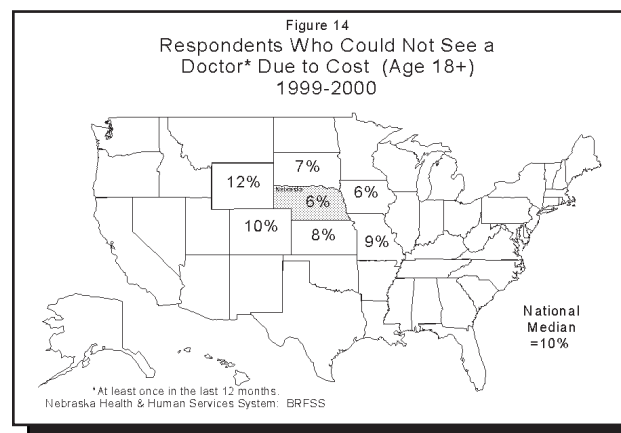
Compared to persons with more schooling, respondents who had less than a high school education (13 percent) were about twice as likely to indicate that potential cost of care had prevented them from visiting a physician at some time in the past 12 months.

As might be expected, persons with low incomes were more likely than those in the higher income brackets to say there had been a time in the last year when they had been unable to visit the doctor because of cost. Fifteen percent of BRFSS respondents with household incomes below \$20,000 gave this response, compared to only 2 percent of those with annual earnings of \$50,000 or more.

Overall, more than one-fourth (28 percent) of uninsured respondents in the 1999-2000 BRFSS said there was a time in the past 12 months when they were unable to see a doctor due to cost. In the 1997-1998 BRFSS, 35 percent of uninsured adults gave this response.

### Nebraska and the Nation

Compared to the nation (10 percent), Nebraska (6 percent) reported a lower percentage of persons who were unable to see a doctor due to cost at some time in the past year (Figure 14). Of the surrounding states, only Iowa (6 percent) had as low a rate as Nebraska. However, South Dakota (7 percent), Kansas (8 percent), and Missouri (9 percent) did report lower rates than the nation.



## Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999-2000	US BRFSS 1999-2000	US 2010 Target
Proportion of adults aged 18 and older who reported a time in the past 12 months when they needed to see doctor but could not because of the cost	4%	6%	10%	7%

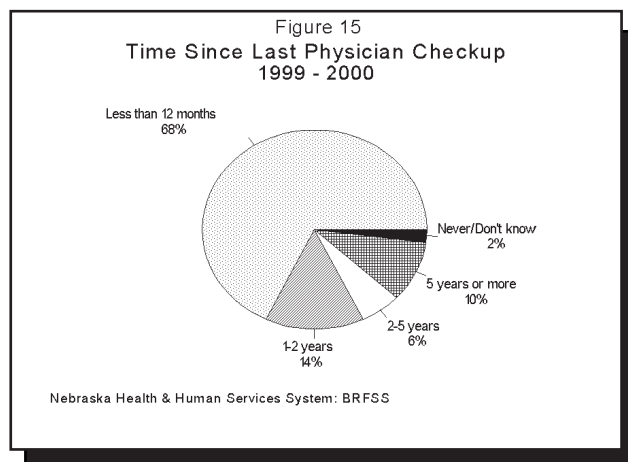
## LAST CHECKUP

### Definition

Last Checkup: Responses to the question, "About how long has it been since you last visited a doctor for a routine checkup?"

### Current Prevalence

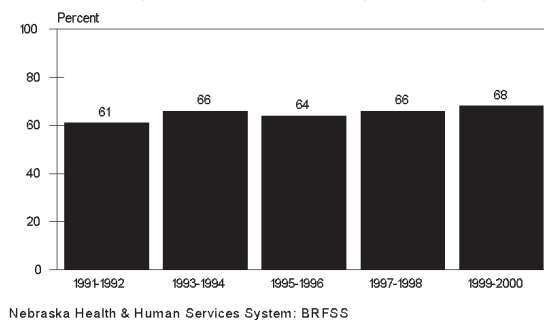
More than two-thirds of adults surveyed in Nebraska in 1999-2000 (68 percent) stated they had their last routine checkup within the past 12 months (Figure 15). Fourteen percent said their last checkup occurred between one and two years ago. For 10 percent of respondents, it had been five years or more since they last visited a doctor for this purpose.



### Trend over Time

The proportion of respondents who had their last checkup with a physician in the past year has gradually increased since collection of these data began in 1991 (Figure 16). Prevalence has risen from 61 percent in the 1991-1992 study to the current level of 68 percent.

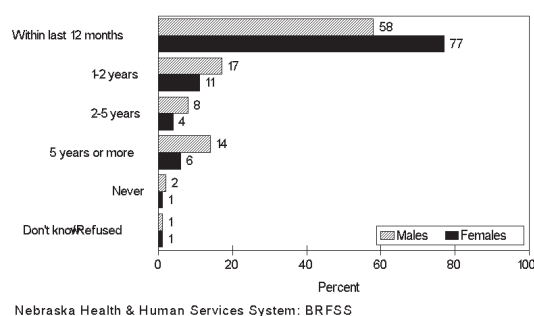
Figure 16  
Proportion of Respondents Who Had Last Physician Checkup in Past 12 Months (1991-2000)



## Who Has Received This Care in Nebraska?

Women (77 percent) were much more likely than men (58 percent) to say they had their last routine checkup within the past twelve months (Figure 17). A much greater proportion of men said they last had a checkup five or more years ago (14 percent vs. 6 percent of women).

Figure 17  
Time Since Last Physician Checkup by Gender  
(1999-2000)



Persons 55 years of age and older more frequently reported having a checkup in the past 12 months that did respondents in the younger age groups (Table 13). Conversely, persons in the middle age groups (aged 25 to 54 years) were more likely than older or younger respondents to say it had been five or more years since they had their last checkup.

**Table 13**

Time Since Last Physician Checkup  
1999-2000

<u>Age</u>	<u>Within Past Year (%)</u>	<u>5 or More Years Ago (%)</u>
18-24	62	8
25-34	60	15
35-44	62	14
45-54	67	10
55-64	74	7
65-74	82	5
75+	82	5

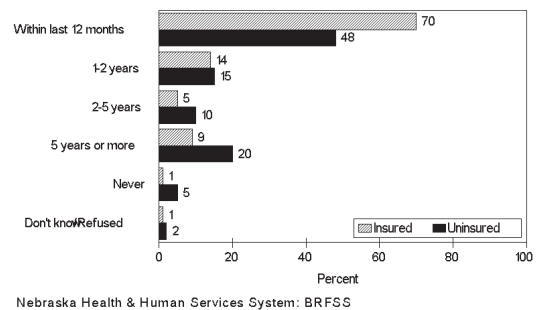
Nebraska Health & Human Services System: BRFSS

The proportion of urban residents (69 percent) who reported a checkup in the past year was slightly higher than the proportion of rural residents (67 percent).

No trends were apparent by educational attainment or household income of respondents.

However, the proportion of respondents who reported a checkup in the past year was much higher among persons who had a health care plan (70 percent) than it was among those who did not have one (48 percent). (Figure 18). In addition, one-fifth of the respondents without health insurance (20 percent) said it had been five or more years since they last saw a physician for a checkup, compared to only 9 percent of those with health insurance. Five percent of respondents without health insurance also said they had never had a routine checkup versus less than 1 percent of those with a health care plan.

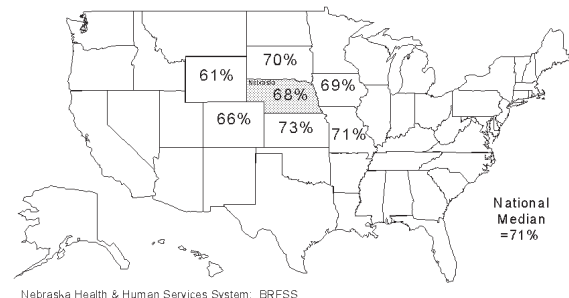
Figure 18  
Time Since Last Physician Checkup  
by Health Insurance Status (1999-2000)



## Nebraska and the Nation

The proportion of Nebraska respondents who last visited a doctor in the past year for a routine checkup (68 percent) was slightly lower than the national median of 71 percent (Figure 19). Of the six surrounding states, only Kansas (73 percent) and Missouri (71 percent) matched or exceeded the national median.

Figure 19  
Respondents Who Last Visited Doctor for  
Routine Checkup in Past Year (Age 18+)  
1999-2000



# CARE GIVING

According to the federal Administration on Aging, families (not social services agencies, government programs, or nursing homes) are “the mainstay underpinning long term care for older persons in the United States”. The most recent National Long Term Care Survey found that more than seven million people in the United States are informal caregivers. These caregivers include spouses, adult children, and other relatives and friends. They provide unpaid help to older persons living in the community who have at least one limitation on their activities of daily living.

## Definitions

**Caregiver:** Respondent who answers “Yes” to the question, “There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older?”

Respondents were asked questions about care giving in the 2000 BRFSS, but not in 1999.

## Prevalence

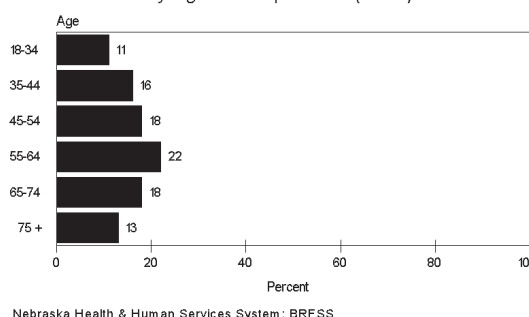
Altogether, 15 percent of respondents to the 2000 BRFSS stated that, during the past month, they provided regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. These respondents fit the above definition of caregivers for persons 60 years of age or older.

## Who Are the Caregivers in Nebraska?

Women (17 percent) were a little more likely than men (14 percent) to be caregivers for persons aged 60 or older.

People in every age category reported providing care to family members or friends who were age 60 or older during the past month (Figure 20). Respondents who were aged 55 to 64 were more likely than either older or younger persons to be caregivers (22 percent), but 18 percent of respondents in the 45-to-54 and 65-to-74 age brackets also performed caregiver duties in the last month.

Figure 20  
Proportion of Respondents Who Are Caregivers  
For Adults Aged 60 or Older in Past Month  
By Age of Respondent (2000)



Respondents living in rural counties (17 percent) were somewhat more likely to be caregivers than those living in urban counties in Nebraska (14 percent).

College graduates (17 percent) were more likely than respondents with less education to indicate that they had provided regular care in the past month to an elderly family member or friend who needed assistance (Table 14). Fifteen percent of respondents with a high school diploma or some college or technical training reported providing care, compared to 12 percent of respondents who had not finished high school.

**Table 14**

Respondents Who Provided Care  
In the Past Month  
2000

<b>Education</b>	<b>%</b>
Less than HS	12
HS Grad/GED	15
Some College/Tech	15
College Grad	17
<b>Income</b>	<b>%</b>
< \$20,000	13
\$20,000-\$34,999	18
\$35,000-\$49,999	17
\$50,000 or More	16

Nebraska Health & Human Services System: BRFSS

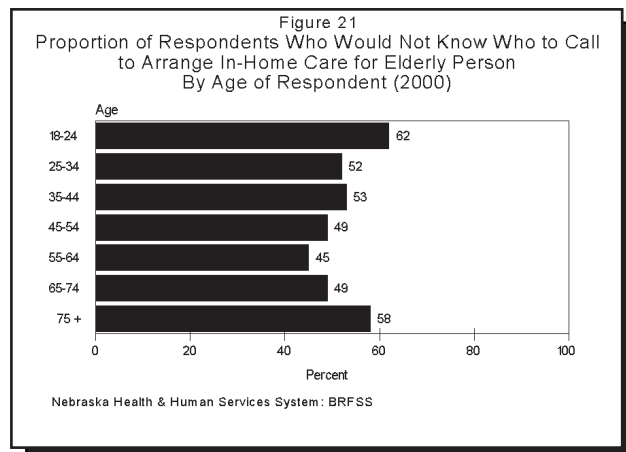
Respondents with annual household incomes below \$20,000 (13 percent) were a little less likely than were persons with higher incomes to say that they had given regular care or assistance to an elderly family member or friend in the last month.

### Knowledge of Care Giving Resources

Respondents to the 2000 Nebraska BRFSS were also asked who they would call to arrange short- or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves.

More than one-half of the adults surveyed (53 percent) said they would not know who to call in such a situation (Table 15). Thirteen percent reported that they would call a relative or friend of the person needing care, while 10 percent thought they would get in touch with a home health service. Seven percent of the respondents stated that they would provide the needed care themselves. Six percent mentioned a nursing home and four percent said they would call the person's physician.

Persons in the youngest and oldest age groups were the most likely to report not knowing who to call in this situation (Figure 21). Six of every ten 18- to 24-year-olds (62 percent) and 58 percent of respondents aged 75 and older would not know who to call to arrange care for a relative or friend. Respondents aged 45 to 74 were the least likely to indicate they would not know where to turn for this kind of care.



**Table 15**

Resources Respondents Would Call To Arrange In-Home Care for Elderly Relative or Friend  
2000 (%)

Don't know who they would call	53
Relative or friend of person	13
Home health service	10
Myself	7
Nursing home	6
Personal physician	4
Local agency on aging	2
Hospice	2
Hospital nurse, minister, or other	3

Nebraska Health & Human Services System: BRFSS

Men (59 percent) were more likely than women (47 percent) to say they would not know who to call if an elderly relative or friend needed care.

Compared to residents of rural counties in Nebraska (49 percent), a greater proportion of urban residents (56 percent) reported they would not know who to call to get needed care for an elderly person who was no longer able to care for themselves.

No trends were apparent by educational level or by annual household income of respondents.



# DIABETES

The number of newly-diagnosed cases of diabetes has risen at an alarming rate in the United States during the past ten years, with the rise in new diabetes cases attributed largely to sharp increases in the prevalence of obesity.

In Nebraska, there were an estimated 67,000 persons who had diabetes and were aware of their condition as of 1996. However, it is likely that these persons who have been diagnosed with diabetes represent only about one-half of the total that actually have the disease. Persons who are African American, Native American or Hispanic American are more likely than non-Hispanic white persons in Nebraska to develop diabetes.

Diabetes-related death rates in the state have risen steadily over the past ten years. In 2000, diabetes was the sixth leading cause of death in the state, up from seventh in 1999.

Diabetes often results not only in a shortened life span, but also increases the probability of various complications such as progressive renal failure (kidney failure), blindness, and amputation of the lower limbs. Women with diabetes are also at greater risk of complications of pregnancy than are women who do not have this disease. In addition, infants born to mothers with diabetes are more likely than other infants to die at birth or to have birth defects.

## Definition

Have diabetes: Have ever been told by a doctor that they have diabetes.

## Current Prevalence

Altogether, 5 percent of adults in Nebraska in the 1999-2000 BRFSS said a doctor had told them that they have diabetes.

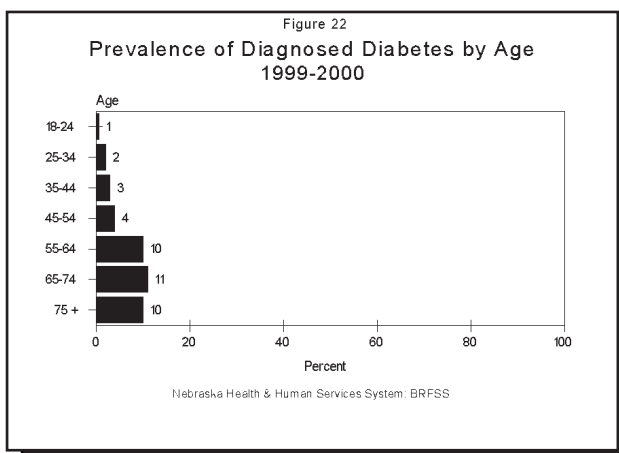
## Trend over Time

Prevalence of diabetes among the adult population has remained fairly constant since 1987, ranging from 4 to 6 percent in Nebraska.

## Who's at Risk in Nebraska?

Prevalence of diagnosed diabetes was about the same among females and males (5 percent each) in this study. Less than one percent of all women surveyed in 1999-2000 were told they had diabetes during pregnancy.

Persons aged 55 and older were much more likely than younger adults to report that they have diabetes (Figure 22). Ten percent of respondents aged 55 to 64 said they had been told by a doctor that they have this disease, as did 11 percent of those aged 65 to 74 and 10 percent of those aged 75 and older. Prevalence of diabetes ranged from less than one percent to 4 percent among the younger age groups.



Respondents with less than a high school education (9 percent) were more likely than high school graduates (6 percent) or persons with more education to report having diabetes (Table 16). Persons with some college or technical training and college graduates were least likely to have been told they have this disease (4 percent).

**Table 16**  
Prevalence of Diagnosed Diabetes  
1999-2000

<b>Education</b>	<b>%</b>
Less Than HS	9
HS Grad/GED	6
Some College/Tech	4
College Grad	4

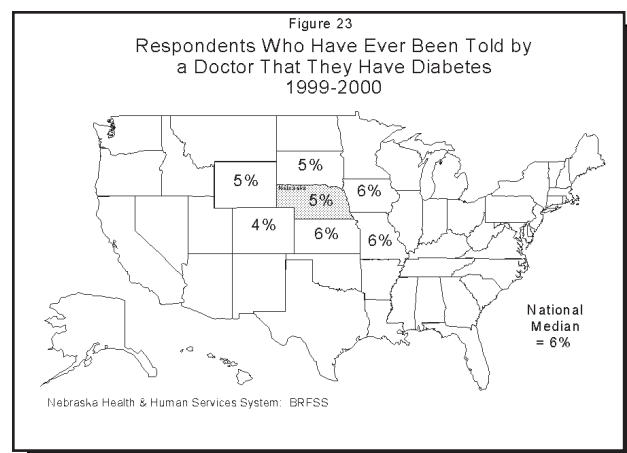
<b>Income</b>	<b>%</b>
< \$20,000	8
\$20,000 - \$34,999	6
\$35,000 - \$49,999	3
\$50,000 +	3

Nebraska Health & Human Services System: BRFSS

A similar pattern is evident by household income of respondents. Eight percent of persons with incomes under \$20,000 per year were told they have this disorder. Among respondents earning \$20,000 to \$34,999 annually, 6 percent reported having diabetes, as did 3 percent of those with incomes of \$35,000 or more.

### Nebraska and the Nation

The proportion of respondents to the Nebraska BRFSS who had ever been told by a doctor that they have diabetes (5 percent) was slightly lower than the 1999-2000 national median of 6 percent (Figure 23). These estimates do not include women with gestational diabetes. Prevalence estimates for the six states bordering Nebraska showed a fairly narrow range of prevalence (from 4 percent in Colorado to 6 percent in Kansas, Iowa and Missouri).



### Management of Diabetes

Diabetes mellitus is a disease that affects the body's ability to manage glucose, or blood sugar. Type 1 diabetes (previously called juvenile or insulin-dependent diabetes) is diagnosed primarily in children and adolescents. Persons with Type 1 diabetes need daily insulin injections or an insulin pump to stay alive. About five to ten percent of persons with diabetes have the Type 1 form of the disease.

Type 2 diabetes (previously called adult-onset or non-insulin-dependent diabetes) is the most frequently occurring form of the disease, accounting for about 90 percent of diagnosed cases. It usually is seen in adults over the age of 45 and is frequently associated with obesity and physical inactivity. Type 2 diabetes can be controlled with diet and exercise, frequently in combination with oral medication. However, a sizable proportion of persons with Type 2 diabetes use insulin.

Gestational diabetes is a third type of the disease that occurs in about two to five percent of all pregnancies, but usually disappears when pregnancy is over. Still, women who have had gestational diabetes are at greater risk of later developing Type 2 diabetes than other women.

### Age at Diagnosis

As might be expected based on these statistics, the great majority of adults (93 percent) in the 1999-2000 BRFSS reported being diagnosed with diabetes as adults aged 25 and older (Table 17). Seventy percent were age 45 or older when their doctor first told them they had diabetes. Only 7 percent stated that they had been diagnosed as children or adolescents under age 24.

**Table 17**  
Age When Diagnosed with Diabetes  
1999-2000

<b>Age</b>	<b>%</b>
1 - 14	3
15 - 24	4
25 - 44	22
45 +	70

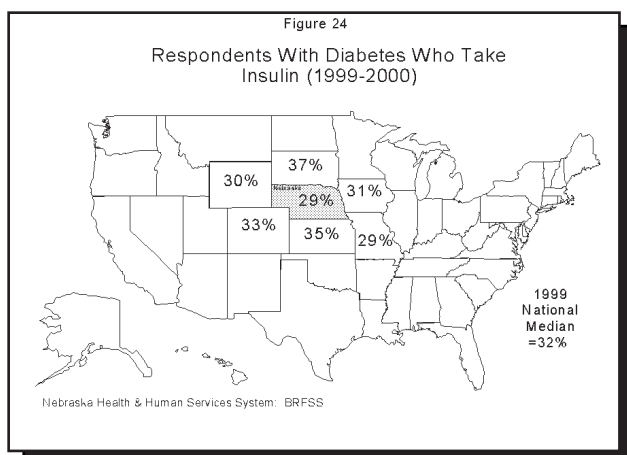
Nebraska Health & Human Services System: BRFSS.

## Use of Insulin

Less than one-third (29 percent) of Nebraska BRFSS respondents with diabetes said they are now taking insulin. Nearly all respondents taking insulin for their diabetes use it daily or more frequently (95 percent).

## Nebraska and the Nation

The proportion of respondents with diabetes who reported taking insulin was slightly lower than the national median (32 percent) in Nebraska (29 percent). (Figure 24). In the six states surrounding Nebraska, proportions ranged from 29 percent in Missouri to 37 percent in South Dakota.



## Use of Diabetes Pills

In 2000, two-thirds of BRFSS respondents with diabetes (66 percent) reported they are now taking diabetes pills. Older persons were more likely than younger ones to say they use diabetes pills. More than three-fourths of respondents with diabetes who were aged 65 and older (79 percent) used pills to control their diabetes, compared to 57 percent of those aged 25 to 64.

## Education on Diabetes Management

Respondents to the 2000 Nebraska BRFSS who had diabetes were asked if they had “ever taken a course or class in how to manage your diabetes yourself.” About six out of ten (61 percent) said they had.

Younger respondents were more likely than older persons with diabetes to report taking a course in diabetes management (Table 18). Among persons aged 25 to 44, 78 percent of those with diabetes had taken such a class. Sixty-eight percent of respondents in the middle

age group (45 to 64) reported participation in a class, while less than one-half (48 percent) of respondents 65 and older had taken a course.

**Table 18**

Participation in a Diabetes Management Class  
By Age of Respondent with Diabetes  
2000

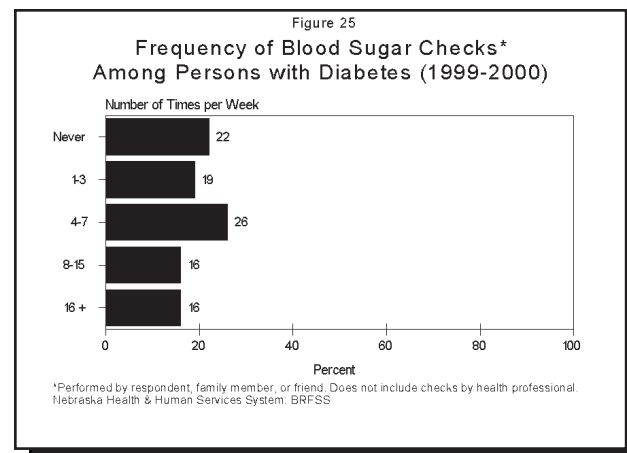
Age	%
25 – 44	78
45 – 64	68
65 +	48

Nebraska Health & Human Services System: BRFSS

## Blood Glucose Testing

Recent research has emphasized the importance of frequent testing of blood sugar levels and adjustments to insulin administered, based on blood sugar readings. This tighter control of blood sugar levels cuts the risk of complications due to diabetes considerably.

Respondents to the 1999-2000 BRFSS who reported having diabetes were asked how often they check their blood for glucose or sugar (Figure 25). They were asked to include in their estimate the times when a family member or friend may have checked their blood sugar, but not to include checks performed by a health professional. Nearly one-third (32 percent) said they check it more than once a day (8 or more times per week). A greater proportion (46 percent) take blood sugar readings one to seven times per week, while 22 percent of the adults with diabetes reported that they never check their blood to determine glucose levels.



Persons with diabetes who take insulin were much more likely to check their blood sugar frequently than were those who do not use insulin (Table 19). Nearly six out of ten persons taking insulin (57 percent) reported checking their blood sugar more than once a day, compared to only 21 percent of respondents with diabetes who do not use insulin. More than one-fourth (27 percent) of persons with diabetes who were not using insulin said they never check their blood sugar, while only 10 percent of respondents on insulin gave this response.

**Table 19**

Frequency of Blood Sugar Checks Among  
Persons with Diabetes  
By Insulin Use  
1999-2000

<b># of Times Blood Sugar Checked per Week</b>	<b>Taking Insulin (%)</b>	<b>Not Taking Insulin (%)</b>
Never	10	27
1 – 7	33	50
8 or More	57	21
Don't Know/Refused	—	2

Nebraska Health and Human Services System: BRFSS.

In the 1999 study, persons with diabetes were also asked if they had ever heard of “glycosylated hemoglobin or hemoglobin ‘A one C’.” About one-third of them (35 percent) said they had ever heard of this blood test, which is used to monitor blood glucose control. Altogether, 29 percent of all respondents with diabetes recalled having a glycosylated hemoglobin or hemoglobin “A one C” test done in the past year.

### Physician Visits for Diabetes

Research has shown the effectiveness of prevention efforts such as controlling blood glucose levels and screening for early diabetes complications such as eye, foot, and kidney abnormalities, when they are followed by appropriate treatment and continuing prevention efforts. However, prevention is not always used routinely by health professionals in their daily practice, resulting in unnecessary

illness, disability, death, and expense due to complications of diabetes.

The American Diabetes Association (ADA) recommends that patients who take insulin or who have trouble controlling their blood glucose should see their doctor at least four times a year. In other cases, two to three physician visits per year are recommended. CDC states that persons with diabetes should visit their physician at least four times a year.

Nebraska adults with diabetes averaged 4.6 visits to a physician, nurse, or other health professional in the last year for this condition, although responses varied from zero to 50 visits. This number of visits is down somewhat from previous surveys. According to the 1995-1996 BRFSS, adults with diabetes visited a health professional an average of 4.8 times during the year prior to the survey, while the 1997-1998 study showed an average of 5.0 visits for diabetes.

More than one-half of the respondents with diabetes (54 percent) said they had seen a doctor or other health care provider the recommended four or more times in the past year for this disease (Table 20). One to three visits to a health professional were recorded by 40 percent of respondents. The remaining 6 percent said they had not visited a physician or other professional for this condition during the past 12 months.

**Table 20**

Number of Times in Last Year Visited  
Health Professional for Diabetes  
1999-2000

<b>Number of Times</b>	<b>Total (%)</b>	
None	6	
1 – 3 Times	40	
4 or More Times	54	
<b>Number of Times</b>	<b>Men (%)</b>	<b>Women (%)</b>
None	6	7
1 – 3 Times	43	37
4 or More Times	52	56

Nebraska Health & Human Services System: BRFSS

Women with diabetes (56 percent) were a little more likely than men with the disease (52 percent) to indicate that they had made 4 or more visits to a health care provider for this reason in the past year.

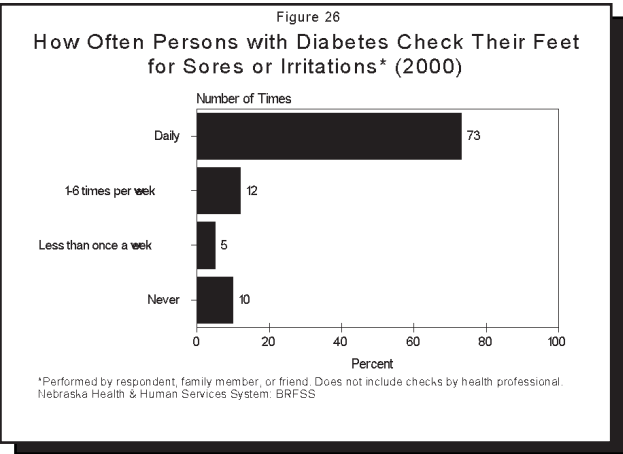
Older respondents with diabetes were much more likely to see the doctor as frequently as recommended for this condition than younger respondents. More than one-half of the respondents aged 45 and older (57 percent) reported 4 or more visits in the past year, while only 39 percent of those aged 18 to 44 had seen the doctor this frequently for their diabetes.

More than six out of ten respondents who used insulin (62 percent) said they had visited their physician or health professional four or more times in the past year for their diabetes, compared to only 50 percent of those controlling their condition with other methods.

Feet Examinations

The Centers for Disease Control and Prevention recommends that persons with diabetes check their feet daily for sores or irritations. In the 2000 BRFSS, respondents with diabetes were asked how often they check their feet for this reason. They were instructed to include times when checked by a family member or friend, but not times when their feet were checked by a health professional.

The majority of respondents with diabetes stated that they check their feet every day for sores or irritations (73 percent). Ten percent reported never examining their feet (Figure 26). Men (79 percent) were somewhat more likely than women (66 percent) to say they performed this check daily.



BRFSS respondents with diabetes were also asked if they “ever had any sores or irritations on your feet that took more than four weeks to heal.” Most of them indicated they had not (87 percent), but 13 percent reported they had at some time had a sore that took this long to heal.

Men (16 percent) were more likely than women (10 percent) to say they ever had a sore or irritation that took this long to heal.

CDC also recommends that persons with diabetes have their feet examined every time they visit their physician (which should be four or more times per year). One-third of adults with diabetes (32 percent) reported having their feet checked for sores or irritations 4 or more times during the last year (Table 21). More than one-third (36 percent) indicated they had this type of examination less frequently than recommended (1 to 3 times in the past 12 months). Twenty-nine percent stated that they had not had their feet examined by a health professional in the past year.

**Table 21**  
Number of Times in Last Year Feet Checked by Health Professional Among Persons with Diabetes 1999-2000

Number of Times	%
None	29
1 to 3 Times	36
4 or More Times	32
Don't Know	3

Nebraska Health & Human Services System: BRFSS

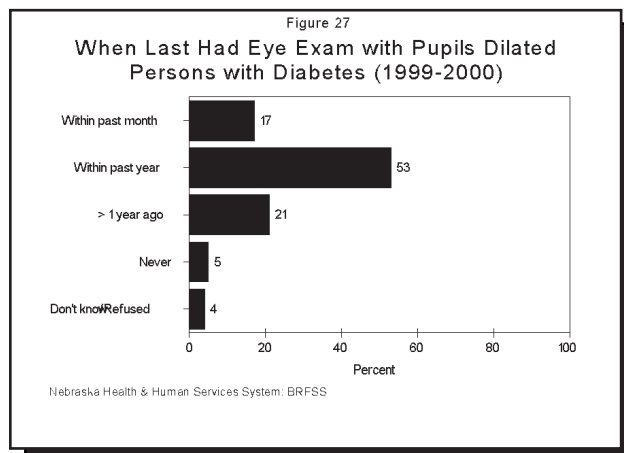
Respondents who used insulin (40 percent) were much more likely than those who used other methods to control their diabetes (27 percent) to say they had their feet checked the recommended four times or more.

Eye Examinations and Vision Impairment

The ADA recommends that a comprehensive dilated eye and visual examination should be performed annually by an eye doctor for all patients aged 12 and over who have had diabetes for at least 5 years, all patients over the age of 30, and any patients with visual symptoms and/or abnormalities.



Respondents with diabetes in the 1999-2000 BRFSS were asked when they last had an eye exam in which their pupils were dilated (Figure 27). Altogether, more than two-thirds (70 percent) reported having such an exam within the past year. About one-fifth (21 percent) said it had been more than a year ago when they last had an eye exam that involved pupil dilation. Five percent of respondents said they never had this kind of examination, while four percent didn't know when their last exam had been.



In 2000, respondents with diabetes were also asked, "Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?" While the majority said "No" (78 percent), more than one in five adults with diabetes reported that they had been told this by a physician (21 percent).

Persons aged 75 and older (39 percent) were much more likely than younger respondents with diabetes to have been informed that diabetes had affected their eyes (Table 22).

None of the survey respondents aged 25 to 34 had been told this by a physician and only about 15 percent of persons aged 35 to 54 were advised that they had retinopathy or that diabetes had affected their eyes.

**Table 22**  
Respondents Told by Doctor  
That Diabetes Had Affected Their Eyes or  
They Had Retinopathy  
2000

<u>Age</u>	<u>%</u>
25 – 34	0
35 – 54	15
55 – 64	18
64 – 74	22
75 +	39

Nebraska Health & Human Services System: BRFSS

Participants with diabetes in the 1999 survey were then asked three questions about how well they see with their glasses or contacts on (if they use them). When asked how much of the time their vision limits them from recognizing people or objects across the street, 14 percent said their distance vision is limited all or most of the time (Table 23). Eighteen percent reported having difficulty all or most of the time with reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone. Fewer respondents with diabetes (8 percent) said their vision limits them this frequently in watching television.

**Table 23**  
Vision Limitations Among Persons with Diabetes  
1999

<u>Amount of Time Limited</u>	<u>Distance Vision (%)</u>	<u>Reading (%)</u>	<u>Television (%)</u>
All or Most of the Time	14	18	8
Some of the Time	12	10	8
Little or None of the Time	72	71	83
Don't Know/Refused	2	1	1

Nebraska Health & Human Services System: BRFSS



# ARTHRITIS

According to the Centers for Disease Control and Prevention, arthritis and related conditions affect nearly 43 million Americans, or about one-sixth of the total population. Among adults, this proportion is even greater. By 2020, as the baby boomers age, it is estimated that 60 million Americans will be affected by arthritis.

Osteoarthritis is the most common form of arthritis. It is characterized by deterioration of the cartilage cushioning the ends of the bones, along with changes in the bones themselves at the joint. The tissue lining of the joint can become inflamed, the ligaments looser, and the muscles weaker, resulting in pain when the joint is used.

Arthritis is the leading cause of disability in the United States and ranks second only to heart disease as a cause of work disability. It also limits everyday activities and adversely affects the physical and mental health of the people who have it.

## Definitions

Have arthritis: Told by a physician that they have arthritis; OR

Experience chronic joint symptoms, such as “pain, aching, stiffness or swelling in or around a joint” present on most days for at least one month in the last 12 months.

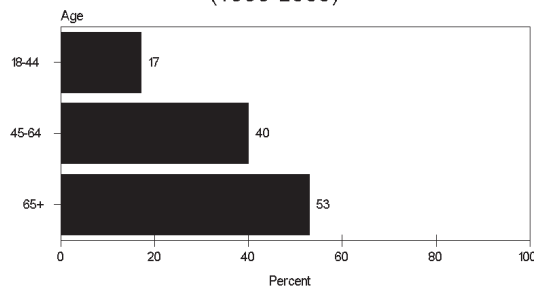
## Prevalence of Arthritis

In Nebraska, 30 percent of adults aged 18 and older responding to the 1999-2000 BRFSS reported that they had been told by a doctor that they have arthritis or they experienced chronic joint symptoms (as described above). These persons are considered to have arthritis.

Persons of both genders have arthritis, but in this study women (33 percent) were somewhat more likely than men (28 percent) to report having it.

More than one-half of BRFSS respondents aged 65 or older (53 percent) gave answers that fit the definition of arthritis (Figure 28). Among persons aged 45 to 64, 40 percent had arthritis. For younger adults, prevalence was lower (17 percent).

Figure 28  
Prevalence of Arthritis\* by Age of Respondent  
(1999-2000)

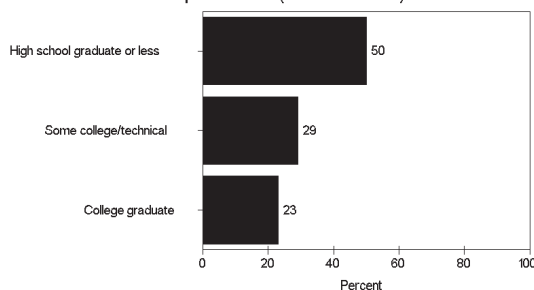


\*Self-reported physician's diagnosis of arthritis and/or chronic joint symptoms on most days for at least one month over a 12-month period.  
Nebraska Health & Human Services System: BRFSS

Respondents living in rural counties (33 percent) were more likely than residents of urban counties to have arthritis (27 percent). This difference is probably due to the fact that rural areas in Nebraska have a greater proportion of middle-aged and elderly residents than do urban areas.

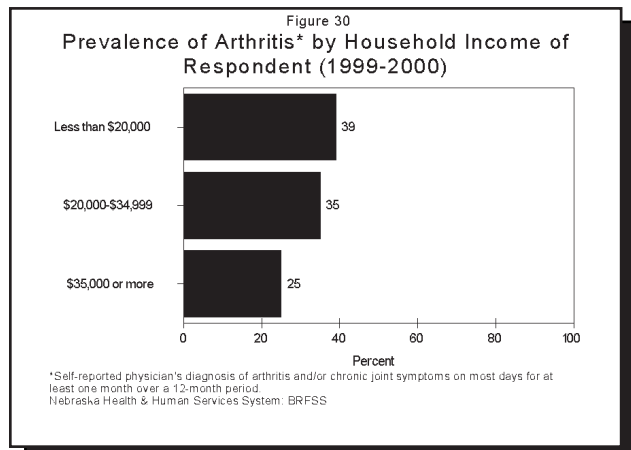
In Nebraska, 50 percent of BRFSS respondents with a high school education or less had arthritis (Figure 29). In comparison, only 23 percent of college graduates reported having these chronic joint symptoms or a diagnosis of arthritis.

Figure 29  
Prevalence of Arthritis\* by Educational Level of Respondent (1999-2000)



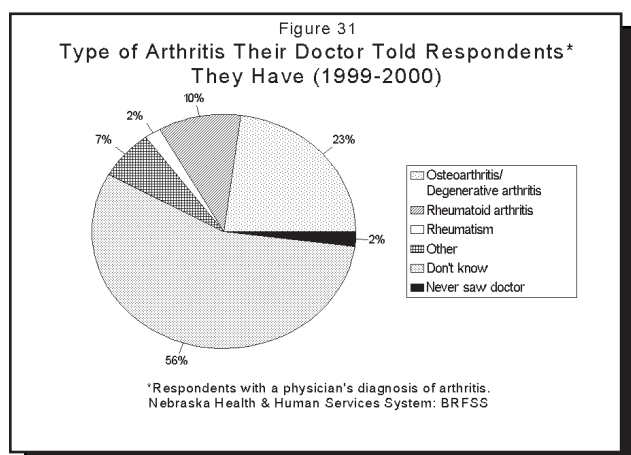
\*Self-reported physician's diagnosis of arthritis and/or chronic joint symptoms on most days for at least one month over a 12-month period.  
Nebraska Health & Human Services System: BRFSS

A similar pattern in arthritis prevalence is apparent by household incomes of respondents (Figure 30). Persons in the lowest income bracket had the highest prevalence of arthritis (39 percent), with rates decreasing in the higher income categories.



## Type of Arthritis

Respondents who had been told by a doctor that they have arthritis were asked what type of arthritis their physician said they have (Figure 31). More than one-half of these respondents did not know what kind of arthritis they have (56 percent). Nearly one-fourth (23 percent) had been told they have osteoarthritis or degenerative arthritis. Ten percent reported that they had been diagnosed with rheumatoid arthritis. Seven percent reported that they had been diagnosed with rheumatism. Two percent reported that they had been diagnosed with other types of arthritis. Two percent reported that they had never seen a doctor.



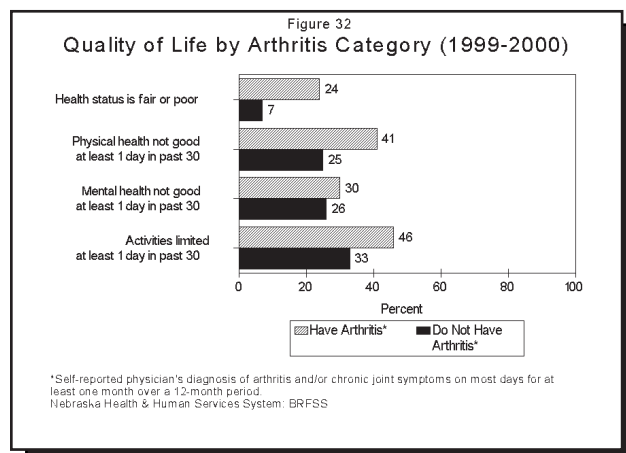
## Treatment by a Physician

The majority of respondents who had been told by a doctor that they have arthritis (65 percent) stated that they were not currently being treated for this disease. The remaining one-third (35 percent) indicated that they were currently under a doctor's care for their arthritis.

## Activity Limitation due to Arthritis

Persons who reported having pain, aching, stiffness, or swelling in or around a joint during the past 12 months were asked if they are "limited in any way in any activities" due to these joint symptoms. Their symptoms also needed to be present for at least one month during the 12-month period. In 1999-2000, 50 percent of these adults aged 18 years and older reported activity limitations because of this condition.

Comparison of the quality of life measures (reported in the "Health Status" section of this report) for persons who have arthritis with measures for those who do not have arthritis reveal some differences (Figure 32). Among Nebraska BRFSS respondents with arthritis, nearly one-fourth (24 percent) rated their own health as either fair or poor. This proportion is more than three times as great as that for people who do not have arthritis (7 percent).



Four out of ten persons with arthritis (41 percent) reported that they had experienced at least one day during the past month when their physical health was not good; the comparable figure for those without arthritis was just 25 percent.

Among respondents who reported at least one day during the past month when either their physical or mental health was not good, 46 percent of persons with arthritis also indicated that they had experienced at least one day during the past month when they were unable to perform their usual activities, such as self-care, work, or recreation. For those who did not have arthritis, only 33 percent reported one or more days of activity limitation during the past month.

Nebraska 2010 Objectives				
<b>Objective</b>	<b>Nebraska 2010 Target</b>	<b>Nebraska BRFSS 1999-2000</b>	<b>US BRFSS 2000</b>	<b>US 2010 Target</b>
Percent of adults aged 18 and older with chronic joint symptoms who experience limitation in activity due to arthritis	35%	50%	NA	21%

# ASTHMA

Asthma is a chronic inflammatory disease of the airways that is characterized by recurring symptoms such as wheezing, breathlessness, chest tightness, and coughing. In persons with asthma, the airways are more responsive than normal to various stimuli such as pollen, cigarette smoke, respiratory infections, or exercise. When exposed to these stimuli, the airways narrow or become obstructed, which results in respiratory symptoms.

Asthma is a serious and growing health problem, with the number of persons who have the disease increasing rapidly over the last 20 years. In Nebraska, death rates for asthma have increased by 13 percent over the last decade and are higher than the national average.

## Definitions

Currently have asthma: "Yes" to question, "Did a doctor ever tell you that you had asthma?" and "Yes" to question, "Do you still have asthma?"

## Current Prevalence of Asthma

In 1999-2000, 9 percent of Nebraska adults aged 18 and older stated that a doctor had at some time told them they had asthma. When asked whether or not they still have asthma, the majority (71 percent) said they do. This translates into a current prevalence estimate of about 6 percent among Nebraska adults.

## Who in Nebraska Has Asthma?

Women (11 percent) were more likely than men (7 percent) to say they had ever been told by a physician that they had asthma. A greater proportion of women also reported still having asthma (76 percent vs. 63 percent of men). Thus, 8 percent of all adult women and 5 percent of all men surveyed currently have asthma.

Younger respondents aged 18 to 34 (11 percent) were more likely than older respondents to say a doctor ever told them they had asthma (Table 24). Among those 35 and older, about 8 percent indicated they had ever been diagnosed with this condition.

**Table 24**  
Prevalence of Asthma  
By Age of Respondents  
1999-2000

Age	Ever Told by Doctor (%)	Still Have Asthma (%)
18 – 24	12	8
25 – 34	11	7
35 – 44	8	6
45 – 54	9	6
55 – 64	8	7
65 – 74	8	6
75 +	8	6

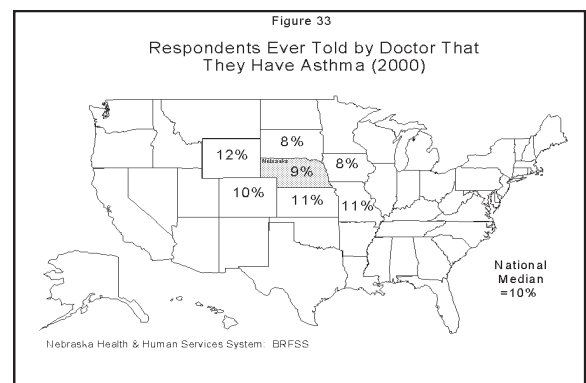
Nebraska Health & Human Services System: BRFSS

However, older respondents (aged 55 and up) were somewhat more likely than younger respondents to report that they still have asthma. Therefore, current prevalence of asthma was only slightly higher among 18- to 34-year-olds than it was among older survey participants.

No trends in asthma prevalence were noted by educational attainment or annual household income of respondents.

## Nebraska and the Nation

The proportion of adults in Nebraska who reported they were ever told by a doctor that they have asthma (9 percent) was slightly lower than the 2000 national median of 10 percent (Figure 33). Of the surrounding states, Iowa and South Dakota prevalence estimates for asthma were slightly lower than the Nebraska rate (8 percent each). The four remaining states reported rates ranging from 10 percent for Colorado to 12 percent for Wyoming.



# SKIN CANCER

Many of the 1.3 million skin cancers expected to be diagnosed in the United States in 2001 could have been avoided by reducing exposure to the sun. Melanoma is the most serious form of skin cancer. Nationwide, melanomas make up only about five percent of all skin cancer diagnoses, but account for about 75 percent of all skin cancer deaths. In Nebraska, there were 234 new cases of melanoma diagnosed in 1999 and 2.9 deaths due to melanoma per 100,000 population in 1999 (51 deaths).

Melanomas frequently start out as small, mole-like growths that change color or get larger. Recognition of changes in the skin or appearance of new growths is the best to detect early skin cancer. Adults should practice skin self-examination regularly and have any suspicious areas evaluated promptly by a physician.

To lessen the chances of developing skin cancer, the American Cancer Society recommends avoiding or limiting exposure to the sun when its ultraviolet rays are the strongest (during the midday hours). Wearing protective clothing and use of a sunscreen with a solar protection factor (SPF) of 15 or higher are also advisable. Since there is a possible link between severe sunburns in childhood and increased risk of melanoma later in life, particular care should be taken to protect children from overexposure to the sun.

## Definition

Had a recent sunburn: "Yes" to the question "Have you had a sunburn within the past 12 months?" Sunburns include "any time that even a small part of your skin was red for more than 12 hours."

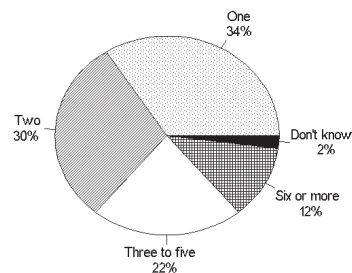
Questions about prevalence of sunburns among adults were asked in the BRFSS in 1999. In Nebraska, these questions were included in the 1999 survey but not in 2000.

## Prevalence

Respondents were asked to report whether they had a sunburn within the 12 months prior to the survey. They were instructed to include any time that even a small part of their skin was red for more than 12 hours. Overall, 40 percent of Nebraska adults aged 18 and older indicated they had gotten a sunburn such as this in the past year.

Of the respondents who had been sunburned, one-third (34 percent) said it had happened only once in the last 12 months, while 30 percent reported two such sunburns (Figure 34). Slightly less than one-fourth (22 percent) stated they had gotten sunburned 3 to 5 times, while 12 percent mentioned 6 or more sunburns in the past year.

Figure 34  
Number of Sunburns in Past 12 Months\*  
1999



\*Among respondents who had sunburn in past 12 months.  
Nebraska Health & Human Services System: BRFSS

## Who's at Risk in Nebraska?

Men were much more likely than women to state that they had a sunburn in the last year. Nearly one-half of the male respondents (47 percent) reported being sunburned, compared to about only about one-third of the female respondents (34 percent).

Of those who reported sunburns, men (16 percent) were much more likely than women (7 percent) to say they had six or more sunburns in the past 12 months (Table 25).

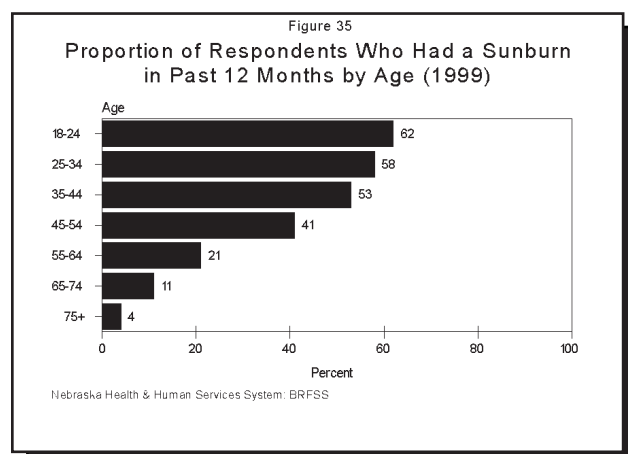
**Table 25**

Number of Sunburns in Past 12 Months  
Among Respondents Who Had Sunburn 1999

<b>Number of Sunburns</b>	<b>Men (%)</b>	<b>Women (%)</b>
1 or 2	60	68
3 to 5	21	24
6 or more	16	7
Don't know	3	1

Nebraska Health & Human Services System: BRFSS

Recent sunburns were much more common in the younger age brackets, with the majority of respondents under age 45 reporting at least one sunburn in the past 12 months (Figure 35). The proportion of respondents who had gotten sunburned decreased with increasing age, with 18- to 24-year-olds the most likely to have a sunburn (62 percent). After age 45, the proportion of respondents who indicated they had a sunburn in the last year dropped off sharply. Among elderly adults, only 4 percent reported this had occurred.



Persons who had some college or technical training (46 percent) and those who graduated from college (46 percent) were more likely than those with less education to report having a sunburn in the last year (Table 26). Only one-third of high school graduates (34 percent) and about one-fourth of adults who had less than a high school education (26 percent) stated they had gotten sunburned in the last 12 months.

**Table 26**

Respondents Who Had at Least One  
Sunburn in Past 12 Months  
1999

<b>Education</b>	<b>%</b>
Less Than HS	26
HS Grad/GED	34
Some College/Tech	46
College Grad	46

<b>Income</b>	<b>%</b>
< \$20,000	32
\$20,000 - \$34,999	39
\$35,000 - \$49,999	50
\$50,000 +	50

Nebraska Health & Human Services System: BRFSS

A similar pattern was evident by annual household income of respondents. One-half of the respondents with incomes of \$35,000 or more per year reported getting a sunburn, compared to 39 percent of those with incomes in the \$20,000 to \$34,999 range. Among respondents in the lowest income bracket (under \$20,000 per year), only 32 percent had a sunburn in the last year.



# INJURY PREVENTION

## Bicycle Helmet Usage

Approximately 30 percent of Americans own bicycles and 45 percent of bike owners ride them at least occasionally. Eighty to 90 percent of children own a bicycle by the time they are in second grade. Thus, a substantial proportion of the American public are potentially at risk for bicycling injuries.

The Nebraska Office of Highway Safety reports that 408 pedalcyclists incurred non-fatal injuries in collisions on Nebraska roadways in 1999. Of these, only 25 persons (6 percent) were known to be wearing bicycle helmets. Four cyclists were killed as a result of these incidents.

Head injuries are the most serious kind of injury sustained by bicyclists of all ages, accounting for 70 to 80 percent of deaths from bicycle crashes. Research has shown that bicycle helmets are 85 to 88 percent effective in mitigating head and brain injury, making this an effective means of protection for bicycle riders.

### Definition

**Not at Risk:** In households where the oldest child is 5 to 15 years of age, the oldest child “always” wore a bicycle helmet when riding a bicycle during the past year.

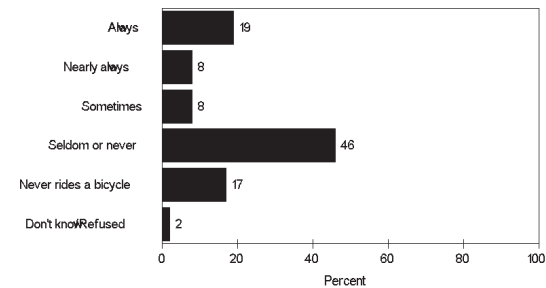
**At Risk:** In households where the oldest child is 5 to 15 years of age, the oldest child “nearly always,” “sometimes,” “seldom,” or “never” wore a bicycle helmet when riding a bicycle during the past year.

Injury prevention questions were asked in the 1999 BRFSS, but not in 2000.

### Current Prevalence

Nineteen percent of the respondents from households where the oldest child was 5 to 15 years of age reported that this child “always” wore a helmet when riding a bicycle during the past year (Figure 36).

Figure 36  
Bicycle Helmet Use for Children\* Aged 5 - 15 Years  
1999



\*Percent of all children aged 5 - 15 years.  
Nebraska Health & Human Services System : BRFSS

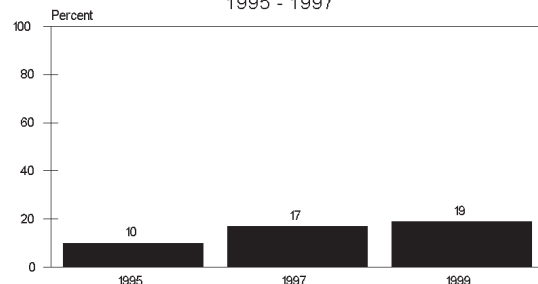
Eight percent said that their oldest child “nearly always” used a bicycle helmet when riding, while 8 percent said they “sometimes” did. Forty-six percent reported that this child “seldom” or “never” wore a helmet when riding a bicycle. Thus, 62 percent of these households had at least one child at risk due to nonuse of bicycle helmets.

Seventeen percent of respondents said their oldest child in this age group never rides a bicycle.

### Trend over Time

Prevalence of bike helmet use among children aged 5 to 15 has increased since the 1995 BRFSS when data collection on this topic began. At that time, only 10 percent of respondents reported the oldest child in this age group “always” used a helmet when riding a bicycle. In 1997, the proportion had risen to 17 percent, with a further increase evident in the 1999 study (Figure 37).

Figure 37  
Proportion of Children\* Aged 5-15 Years  
Who Always Use Bicycle Helmet  
1995 - 1997



\*Percent of all children aged 5 - 15 years.  
Nebraska Health & Human Services System : BRFSS

## Who's at Risk in Nebraska?

Children living in households where parents or other adult respondents were aged 25 to 34 were more likely than those living with either younger or older adults to always wear bike helmets (Table 27). Twenty-eight percent of adults aged 25 to 34 said their oldest children aged 5 to 15 always used a helmet when riding a bicycle. In comparison, the proportion of older or younger parents who reported their children always used bike helmets ranged from 11 percent to 17 percent.

**Table 27**

Always Use Bicycle Helmet—Children  
Aged 5-15  
(Percent of All Households with Children  
Aged 5-15)

<u>Parent's Age</u>	<u>%</u>
18-24	11
25-34	28
35-44	17
45-54	15
55-64	14
 <u>Place of Residence</u>	 <u>%</u>
Urban	27
Rural	13
 <u>Parent's Education</u>	 <u>%</u>
Less Than HS	15
HS Grad/GED	14
Some College/Tech	17
College Grad	29

Nebraska Health & Human Services System: BRFSS

Rural children were much more likely than those in urban counties to be at risk due to nonuse of bicycle helmets. Among those living in rural areas, only 13 percent of respondents reported that their child "always" wore a helmet when bike-riding. Among urban children, 27 percent were reported to use helmets this frequently. However, the majority of children from both residence categories were still at risk due to nonuse of helmets.

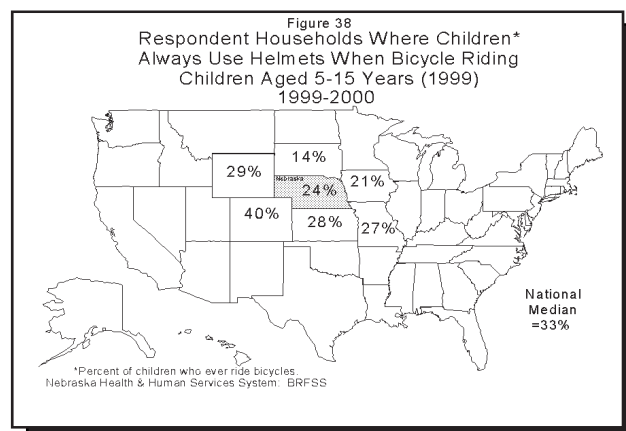
Bicycle helmet use was generally higher among children of respondents with more education. Among respondents with a high school education, only 14 percent stated that their oldest children in the targeted age group "always" wore a helmet when riding. More than one-fourth of college graduates (29 percent) reported that their child "always" used a helmet when riding a bike during the past year.

No trend was apparent by annual household income of respondents.

## Nebraska and the Nation

The following prevalence estimates are figured as a percent of households with children aged 5 to 15 who ever ride bicycles, while estimates in the previous paragraphs are determined as a percent of all households with children this age.

Nationally, 33 percent of households with children aged 5 to 15 who ever ride bicycles reported that their oldest child in this age group always wore a bike helmet when riding during the past year (Figure 38). Nebraska, with 24 percent always wearing helmets, ranked far below this median, as did South Dakota (14 percent) and Iowa (21 percent). Of the six states surrounding Nebraska, only Colorado reported a usage rate (40 percent) above the national median.



## Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999-2000	US BRFSS 1999-2000	US 2010 Target
Proportion of households with children aged 5 to 15 years who always wear bicycle helmet when riding a bicycle	50%	24%	33%	NA

## Fire Safety

In 1998, there were 14 deaths due to residential fires in Nebraska. Fires are the second leading cause of injury death among children. Compared to the total population, children aged 4 and under have a fire death rate that is more than twice as high. Two-thirds of fire-related deaths and injuries of young children under age five occur in homes without working smoke detectors. Adults aged 65 and older are also at higher risk of death from fires.

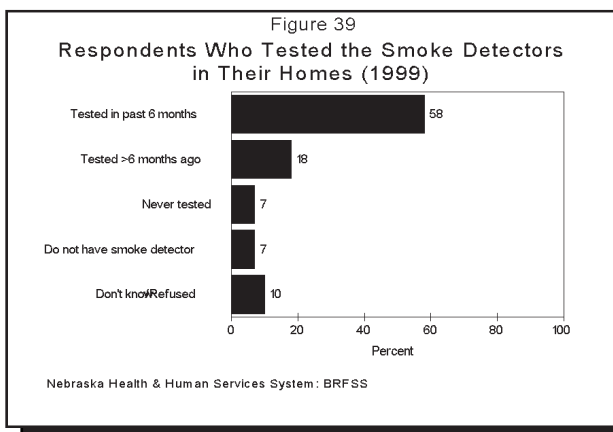
Working smoke alarms on every level and in every sleeping area of a home can provide sufficient warning for residents to escape for nearly all kinds of fires. If a fire does occur, homes with smoke alarms are roughly one-half as likely to have a death occur as homes that do not have these alarms. Thus, installing smoke detectors in residences and making sure they are working properly by periodic testing is an effective method of reducing risk of death or injury due to fires.

### Definition

At Risk: Households in which there were no smoke detectors in the home or the last time the smoke detectors were tested was more than six months ago.

### Current Prevalence

Altogether, 58 percent of respondents in the 1999 Nebraska BRFSS said that, in the past six months, they had tested all smoke detectors in their homes by either pressing the test buttons or holding a source of smoke near them (Figure 39).



Seven percent of the respondents stated that they did not have any smoke detectors in their homes. An additional 7 percent reported that, although their homes do have them, they had never checked their smoke detectors to be sure that they were functioning properly. Eighteen percent of respondents indicated that it had been more than six months since they last tested the smoke detectors in their homes. Thus, nearly one-third (32 percent) of all respondents and the members of their households were at risk due to potentially nonfunctional smoke detectors.

### Trend over Time

The proportion of households at risk because there either were no smoke detectors installed in the home or they had not been tested in the past six months, as recommended, changed little since 1995 when 33 percent were at risk.

### Who's at Risk in Nebraska?

Men and women (31 percent each) were about equally likely to either have no smoke detectors or to have not checked them during the past six months to be certain they were working.

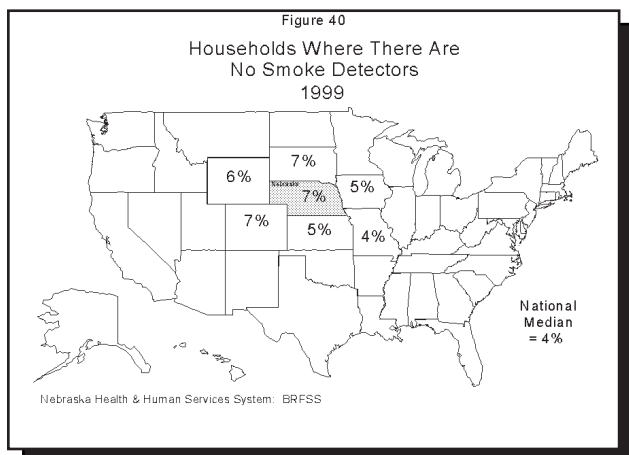
People living in rural counties (34 percent) were more likely than those living in urban counties (28 percent) in Nebraska to be at risk because they had no smoke detectors or had not tested them in the past six months.

Young adults aged 18 to 24 years were more likely than any other age group to say they did not know when the smoke detectors in their household were last tested (20 percent vs. an average of 7 percent for older respondents).

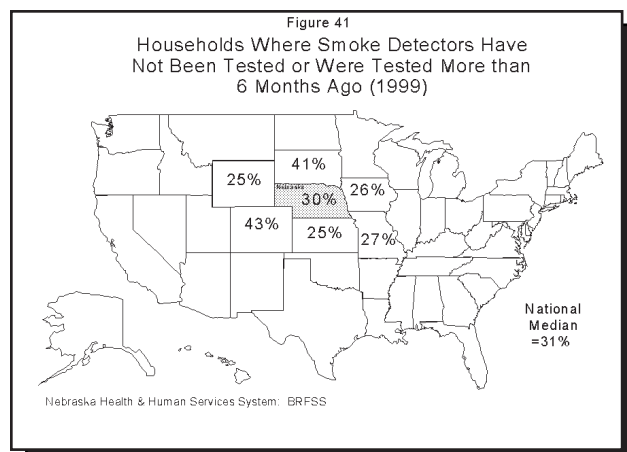
No other differences in proportion of respondents at risk were noted by age, education, or income level.

### Nebraska and the Nation

Nationwide, only 4 percent of households in the 1999 BRFSS reported having no smoke detectors (Figure 40). Nebraska (7 percent) ranked above the national median, as did five of the six surrounding states, except Missouri (4 percent).



Nearly one-third of the respondents nationally (31 percent) who indicated that they had smoke detectors in their homes said they had never tested them or had done so more than 6 months ago (Figure 41). Nebraska (30 percent) ranked near the national median. Among the surrounding states, rates ranged from 25 percent of respondents with smoke detectors in their homes for Kansas and Wyoming to 41 percent for South Dakota and 43 percent for Colorado.



# ALCOHOL MISUSE

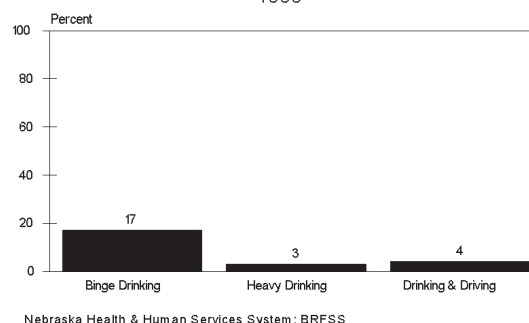
Each year, more than 100,000 deaths in the United States are related to alcohol consumption. On average, people who die from alcohol-related causes lose 26 years from their normal life expectancy.

Alcohol abuse is associated with injuries and deaths due to motor vehicle crashes, falls, fires, and drowning. Alcohol abuse is also a factor in a substantial proportion of homicides, suicides, domestic violence, and child abuse and neglect cases. Long-term heavy drinking can lead to heart disease, cancer, alcohol-related liver disease, and pancreatitis. Alcohol use during pregnancy is known to cause fetal alcohol syndrome, a leading cause of mental retardation.

Alcohol misuse questions were asked in the 1999 BRFSS, but not in 2000.

at least one occasion during the past month. In contrast, 3 percent reported heavy drinking and 4 percent said they drove a motor vehicle after drinking alcohol in the month prior to the interview.

Figure 42  
Prevalence of Alcohol Misuse  
1999



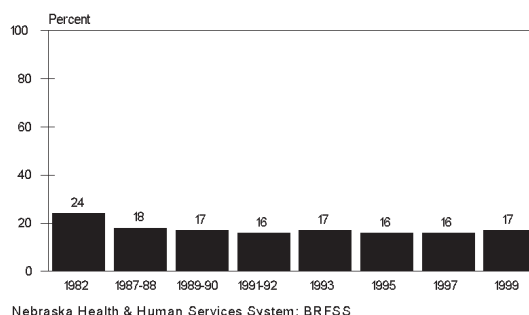
## ALCOHOL USE

More than one-half (52 percent) of the respondents to the 1999 Nebraska BRFSS reported consuming at least one drink of an alcoholic beverage (such as beer, wine, wine coolers, liquor or cocktails) during the past month. The current rate represents a decrease from 1997, when 58 percent of adults aged 18 and older indicated consumption of alcohol in the past month. The proportion reporting patterns of consumption indicating misuse of alcohol was much smaller.

## Trend over Time

Prevalence of binge drinking among adults aged 18 and older has declined substantially since the first Nebraska BRFSS was conducted in 1982, when 24 percent of respondents reported this behavior (Figure 43). The rate decreased to 18 percent in the 1987-1988 study, then remained steady in the 16 to 17 percent range through the current study (17 percent in 1999).

Figure 43  
Prevalence of Binge Drinking  
(1982-1999)



## BINGE DRINKING

### Definition

Binge Drinking: Five or more drinks of alcohol (beer, wine, wine coolers, cocktails, or liquor) on an occasion, one or more times during the past month.

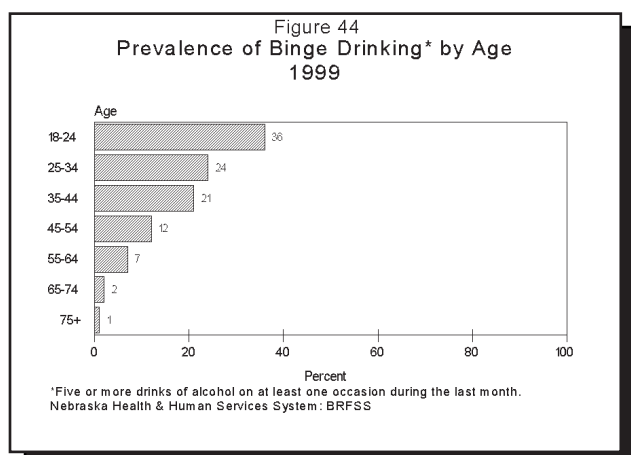
### Current Prevalence

Binge drinking was much more prevalent than either heavy drinking or drinking and driving among survey respondents (Figure 42). In 1999, 17 percent of adults in Nebraska stated that they had five or more alcoholic drinks on

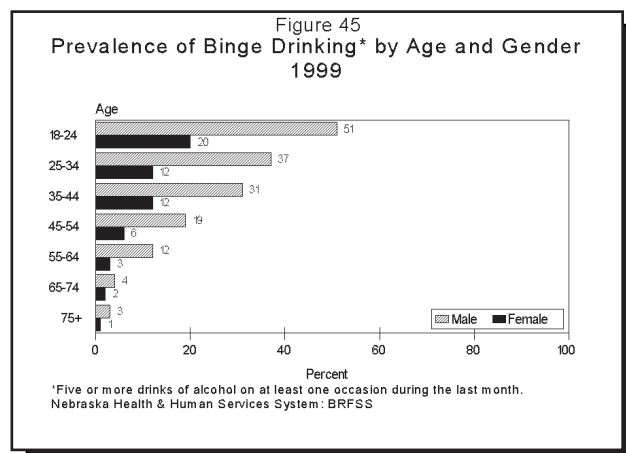
## Who's at Risk in Nebraska?

Among adults aged 18 and older, men (26 percent) were more than three times as likely as women (8 percent) to report binge drinking during the past month.

Prevalence of binge drinking was also substantially higher among 18- to 24-year-olds than among older residents of Nebraska (Figure 44), with more than one-third of the respondents in this age group reporting this behavior (36 percent). Prevalence of binge drinking decreased with increasing age after age 25. One-fourth (24 percent) of respondents aged 25 to 34 were classified as binge drinkers, while about one-fifth (21 percent) of those aged 35 to 44 exhibited this pattern of alcohol consumption. Among people aged 45 and older, the proportion reporting binge drinking dropped off sharply, reaching a low of only 2 percent among people aged 65 and older.



Young men were more likely than young women to report binge drinking (Figure 45). More than one-half of the male respondents aged 18 through 24 (51 percent) had participated in binge drinking in the past month, compared to 20 percent of women in this age group.



Urban residents (19 percent) were somewhat more likely than residents of rural counties (14 percent) to report consuming five or more alcoholic drinks on at least one occasion in the past month.

The proportion of respondents who reported binge drinking was fairly constant across all levels of educational attainment and all income levels (Table 28).

**Table 28**  
Respondents Who Engaged in  
Binge\* Drinking (1999)

<b>Education</b>	<b>%</b>
Less than HS	14
HS Grad/GED	16
Some College/Tech	19
College Grad	16
<b>Income</b>	<b>%</b>
< \$20,000	17
\$20,000-\$34,999	17
\$35,000-\$49,999	22
\$50,000 or More	16

\*Five or more alcoholic drinks on at least one occasion during the last month.

Nebraska Health & Human Services System: BRFSS



## Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999	US BRFSS 1999	US 2010 Target
Proportion of adults aged 18 and older who reported binge drinking in the past month	6%	17%	28%*	6%

\*As a percent of adults aged 18 and older who had consumed at least one alcoholic drink in the past month.

## HEAVY DRINKING

### Definition

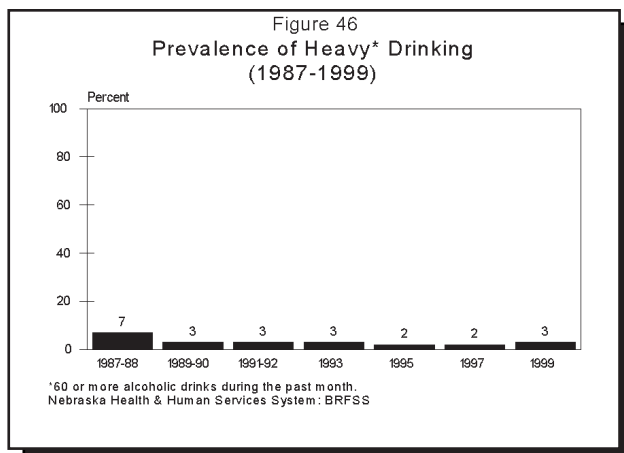
Heavy Drinking: Consumed 60 or more alcoholic drinks in the past month.

### Current Prevalence

Three percent of Nebraska adults surveyed in 1999 said they consumed 60 or more alcoholic drinks during the past month, categorizing them as “heavy drinkers.”

### Trend over Time

Prevalence of heavy drinking decreased from 7 percent in the 1987-1988 BRFSS to 3 percent in each of the next three studies (Figure 46). Prevalence edged downward to 2 percent in 1995 and 1997, but returned to 3 percent in the current survey.



### Who's at Risk in Nebraska?

Men (5 percent) were more likely than women (less than 1 percent) to report behavior that placed them in the “heavy drinker” category.

Prevalence of heavy drinking was somewhat higher among persons aged 18 through 24 years of age (6 percent) than among older adults, where prevalence ranged from 2 to 3 percent (Table 29).

**Table 29**

Respondents Who Engaged in  
Heavy Drinking\* by Age  
1999

Age	%
18-24	6
25-44	2
45-64	3
65+	2

\*Sixty or more alcoholic drinks during the last month.

Nebraska Health & Human Services System: BRFSS

Prevalence varied little by place of residence (urban or rural), household income, or educational level.

## DRINKING AND DRIVING

### Definition

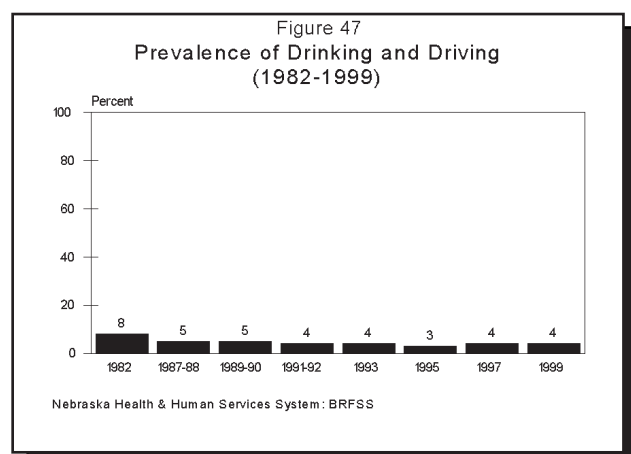
Drinking and Driving: During the past month, driving after “perhaps” having had too much to drink.

### Current Prevalence

Overall, 4 percent of the respondents to the 1999 BRFSS reported that, in the month prior to the survey, they had driven a motor vehicle after having consumed too much alcohol.

### Trend over Time

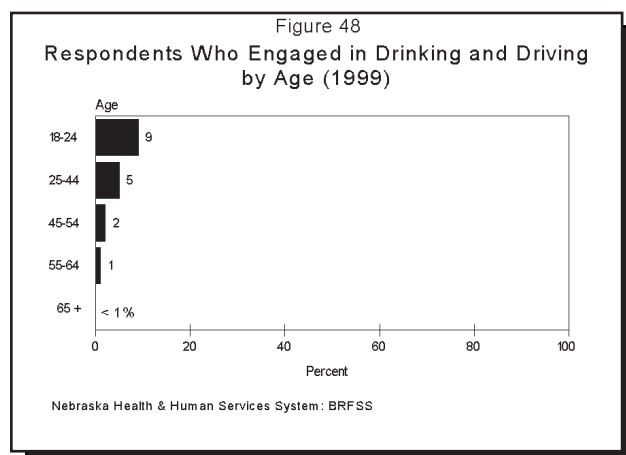
Prevalence of drinking and driving was highest in 1982, when 8 percent of respondents stated that they had driven after “perhaps” having had too much to drink (Figure 47). Between 1987-1988 and 1995, the proportion of adults reporting drinking and driving decreased from 5 percent to 3 percent. In 1997, the rate increased to 4 percent and has remained at that level in the current study.



### Who's at Risk in Nebraska?

As with other measures of alcohol misuse, males (6 percent) were more likely than females (1 percent) to report drinking and driving during the past month.

Young adults aged 18 to 24 were once again the age group most likely to say they had driven after having drunk too much alcohol (9 percent). Prevalence was lower among respondents aged 25 to 44 (5 percent) and averaged less than one percent among persons aged 55 and older (Figure 48).



No trends were identified by rural versus urban residence or by educational or income levels of respondents.

## Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999	US BRFSS 1999	US 2010 Target
Prevalence of drinking and driving during the past month by adults aged 18 and older	1%	4%	5%*	NA
*As a percent of adults aged 18 and older who had consumed at least one alcoholic drink in the past month.				

# CIGARETTE SMOKING

Tobacco use remains the single most preventable cause of disease and death in the United States today. Cigarette smoking alone is responsible for approximately 430,000 deaths annually—about 20 percent of all deaths in this country. Deaths due to smoking account for more deaths each year than AIDS, alcohol, cocaine, heroin, homicide, suicide, and motor vehicle crashes combined. On average, smokers die nearly seven years earlier than non-smokers.

Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung disease. Smoking may also result in injuries and environmental damage due to fires. Smoking during pregnancy increases the risk of miscarriages, premature delivery, and sudden infant death syndrome (SIDS).

In Nebraska, cigarette smoking cost approximately \$277 million for medical care of people with smoking-related illness and another \$274 million in lost wages and productivity in 1998.

## Definition

The method of determining smoking prevalence was modified beginning in 1993-1994. In previous years, only current regular smokers were included in the prevalence rates. From 1994 on, the prevalence rates reflect both “daily” and “some days” smokers. (The 1993 data include both “regular” and “irregular” smokers).

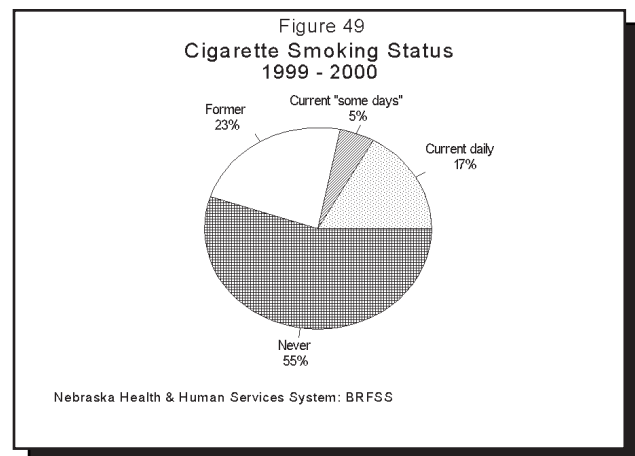
**Current Daily Smokers:** Persons who reported smoking at least 100 cigarettes in their lifetime, currently smoke, and smoked all of the past 30 days.

**Current “Some Days” Smokers:** Persons who reported smoking at least 100 cigarettes in their lifetime, currently smoke, and smoked some (1 to 29) of the past 30 days.

**Former Smokers:** Persons who reported smoking at least 100 cigarettes in their lifetime, but do not currently smoke.

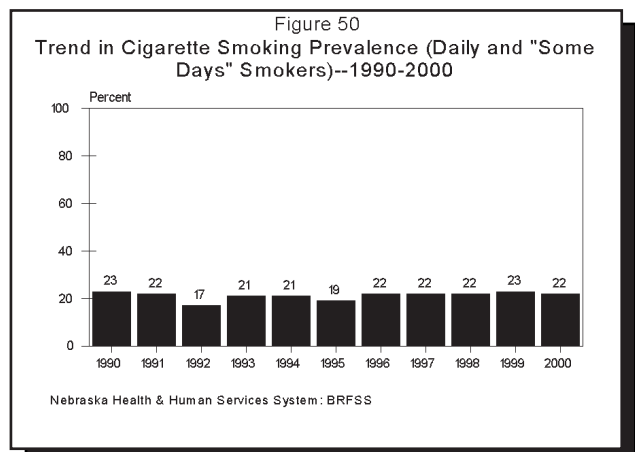
## Current Prevalence

In 1999-2000, more than one-fifth (22 percent) of Nebraska respondents aged 18 and older stated that they are current smokers. Seventeen percent of the total said they smoke cigarettes on a daily basis, while five percent indicated they are current smokers but smoke less frequently than every day (Figure 49). Nearly one-fourth of respondents (23 percent) are former smokers and 55 percent had never smoked.



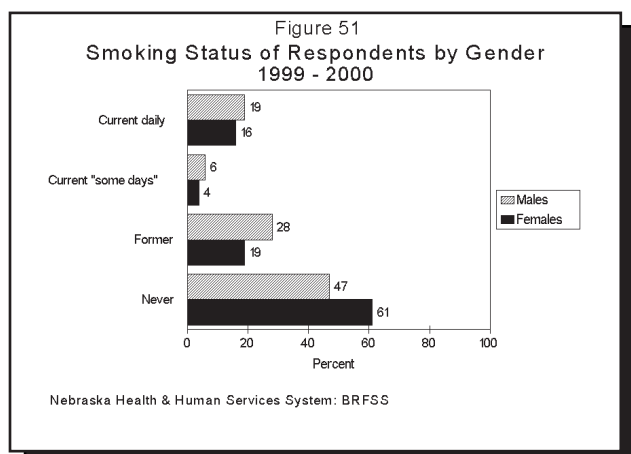
## Trend over Time

If both daily and “some days” smokers are included in estimates, smoking prevalence has remained nearly steady throughout the 1990’s (Figure 50). Prevalence has remained at the 22 to 23 percent level, except for temporary drops in 1992 and 1994.



## Who's at Risk in Nebraska?

Men (25 percent) were more likely than women (20 percent) to be current smokers (Figure 51). These differences by gender hold true for current daily and current "some days" smokers, as well as former smokers. Women (61 percent), on the other hand, were more likely than men (47 percent) to say they had never smoked.



Prevalence of cigarette smoking decreased with increasing age of respondents (Table 30). One-third of 18- to 24-year-olds (34 percent) reported that they were current smokers, while about one-fourth of respondents aged 25 to 54 currently smoked cigarettes. Prevalence dropped to 18 percent for persons 55 to 64 years of age and continued to decline with increasing age, reaching a low of 5 percent among people aged 75 and older in Nebraska.

**Table 30**  
Respondents at Risk  
Due to Cigarette Smoking

<u>Age</u>	<u>%</u>
18-24	34
25-34	25
35-44	26
45-54	24
55-64	18
65-74	12
75+	5

<u>Education</u>	<u>%</u>
Less than HS	29
HS Grad/GED	26
Some College/Tech	24
College Grad	14

<u>Income</u>	<u>%</u>
< \$20,000	28
\$20,000-\$34,999	25
\$35,000-\$49,999	22
\$50,000 or More	19

Nebraska Health & Human Services System: BRFSS

Smoking prevalence was slightly higher among residents of urban counties (23 percent) than among those living in rural counties in the state (21 percent).

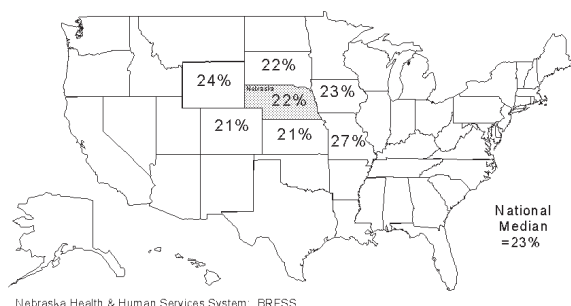
College graduates were far less likely than persons with less education to be at risk due to smoking (Table 30). Only 14 percent of respondents with a college degree indicated that they currently smoked, while more than twice as great a proportion of persons with less than a high school education (29 percent) reported this behavior. High school graduates (26 percent) and respondents with some college or technical school (24 percent) also were much more likely than college graduates to indicate that they currently smoke cigarettes.

Results were similar when smoking prevalence was tabulated by income bracket. Among persons with annual household incomes of \$50,000 or more, 19 percent were current smokers. In comparison more than one-fourth of persons earning less than \$20,000 per year (28 percent) indicated that they currently smoke cigarettes.

## Nebraska and the Nation

Nebraska's smoking prevalence (22 percent) nearly matched the national median of 23 percent for 1999-2000 (Figure 52 on pg. 48). Of the six states surrounding Nebraska, Colorado and Kansas reported the lowest prevalence with 21 percent current smokers. As in previous studies, smoking prevalence was by far the highest in Missouri (27 percent).

Figure 52  
Respondents Who Are Current Smokers  
(1999-2000)



Nebraska Health & Human Services System: BRFSS

## Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999-2000	US BRFSS 1999-2000	US 2010 Target
Prevalence of cigarette smoking among adults aged 18 and older	12%	22%	23%	12%

## Behavioral Characteristics

The majority of current smokers in 1999-2000 (83 percent) stated that, on the average, they smoke one pack of cigarettes or less per day (Figure 53). Nearly all of the remaining respondents (15 percent) reported smoking from one to two packs per day.

Men in this study tended to be heavier smokers than women did (Figure 54). More than one-fifth of males (22 percent) said they smoked more than one pack of cigarettes per day, while only 11 percent of female smokers reported this level of usage.

Figure 53  
Number of Cigarettes Smoked per Day  
(Current Daily and "Some Days" Smokers)  
1999 - 2000

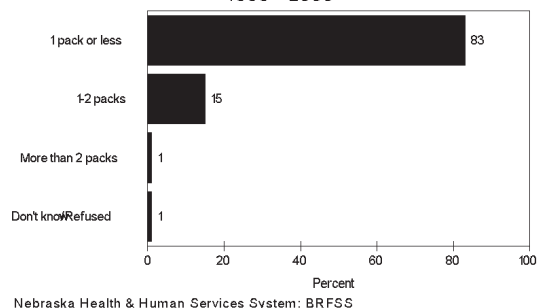
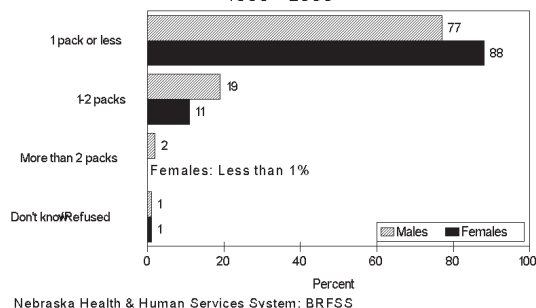
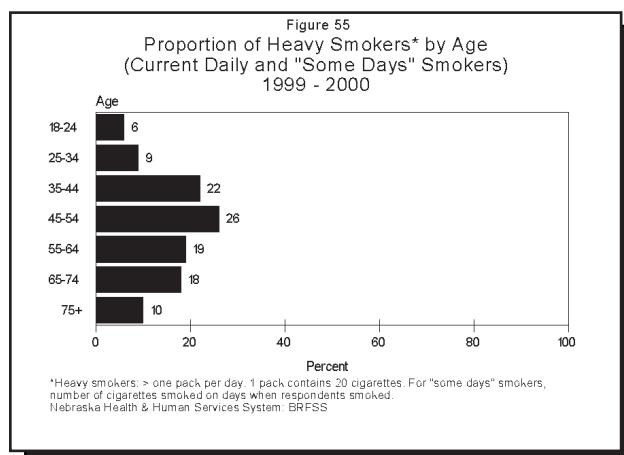


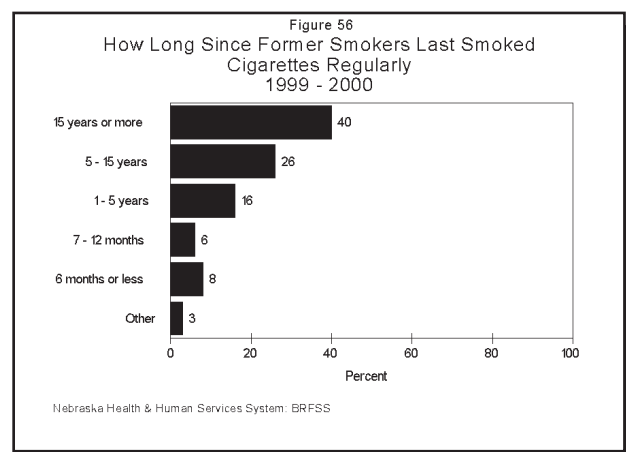
Figure 54  
Number of Cigarettes Smoked per Day by Gender  
(Current Daily and "Some Days" Smokers)  
1999 - 2000



Smokers in the middle age groups were more likely than either older or younger respondents to say they smoked heavily (more than one pack of cigarettes per day). Among smokers aged 45 to 54, more than one-fourth (26 percent) smoked this much, compared to no more than 10 percent of smokers aged 18 to 34 or aged 75 and older. (Figure 55).



Former smokers were asked how long it had been since they last smoked cigarettes on a daily basis. Forty percent stated that they had quit smoking 15 or more years ago (Figure 56). An additional 26 percent said it had been 5 to 15 years since they last smoked regularly, while 16 percent had stopped smoking one to five years ago. 6 percent had stopped smoking seven to 12 months ago, 8 percent had stopped smoking six months or less ago, and 3 percent had stopped smoking at some other time.



Compared to daily smokers, "some days" smokers reported smoking fewer cigarettes on the days when they did smoke. Nearly nine out of ten "some days" smokers (86 percent) stated that they smoked half a pack or less on days when they smoked any cigarettes. In contrast, only 29 percent of daily smokers smoked ten or fewer cigarettes per day.

In the 2000 Nebraska BRFSS, current smokers were asked whether or not a doctor or other health professional had ever advised them to quit smoking. Nearly two-thirds (64 percent) said they had been advised to quit smoking. Most of them had been given that recommendation in the past year (44 percent of all current smokers).

When asked if they had quit smoking for one day or longer in the past year, 49 percent of daily smokers said they had, indicating that many probably would like to quit.



# TOBACCO USE PREVENTION

In 1998, a Tobacco Use Prevention module was added to the Nebraska BRFSS. Questions in this section address issues related to exposure to secondhand smoke, such as smoking in the home, workplace, or other areas.

Exposure to environmental tobacco smoke (ETS), also known as second-hand smoke, has serious health effects. It has been found to increase the risk of heart disease and lung cancer in adults and can worsen pulmonary symptoms for persons with asthma, chronic bronchitis, and allergic conditions. Children exposed to ETS have an increased risk of ear infections, pneumonia, bronchitis, and tonsillitis. It is also a risk factor for childhood asthma and can increase the frequency and severity of asthma attacks in children.

## Smoking in the Home

Participants in the 1999-2000 BRFSS were asked, "In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?" Overall, 25 percent of adults in Nebraska reported smoking had occurred in their homes in the past month, thus putting all residents at risk due to secondhand tobacco smoke.

## Who's at Risk in Nebraska?

Men (27 percent) were a little more likely than women (24 percent) to report smoking in their home within the past month.

More than one-third (35 percent) of 18- to 24-year-olds said someone had smoked cigarettes, cigars, or pipes in their homes in the last 30 days (Table 31). This proportion was somewhat smaller among persons aged 25 to 64. Among respondents aged 75 and older, only 12 percent indicated smoking had occurred in their residence.

**Table 31**

Anyone Smoked Inside the Home  
During the Past 30 Days  
1999-2000

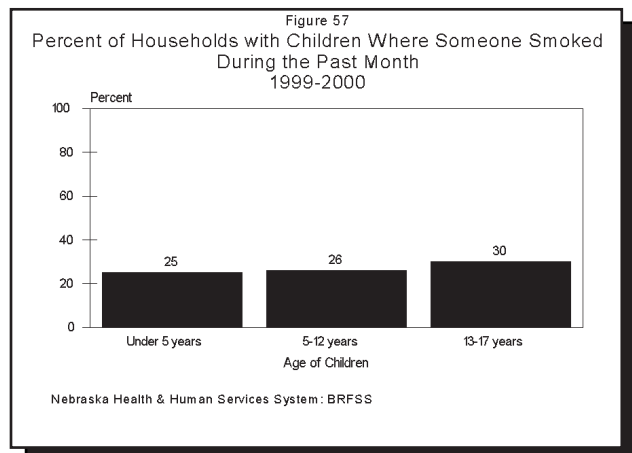
<u>Age</u>	<u>Percent Smoking in the Home</u>
18-24	35
25-34	24
35-44	29
45-54	28
55-64	24
65-74	20
75+	12
<u>Education</u>	
Less Than HS	35
HS Grad/GED	30
Some College/Tech	26
College Grad	15
<u>Income</u>	
< \$20,000	33
\$20,000 - \$34,999	29
\$35,000 - \$49,999	25
\$50,000 +	20

Nebraska Health & Human Services System: BRFSS

College graduates (15 percent) were much less likely than persons with less education to report smoking in their homes. Among high school graduates (30 percent) and persons with less than a high school education (35 percent), about twice as great a proportion stated that someone had smoked in their homes in the past month.

A similar pattern was evident by annual household income of respondents. One-third of respondents with incomes under \$20,000 (33 percent) reported smoking in their homes, compared to only 20 percent with incomes of \$50,000 or more.

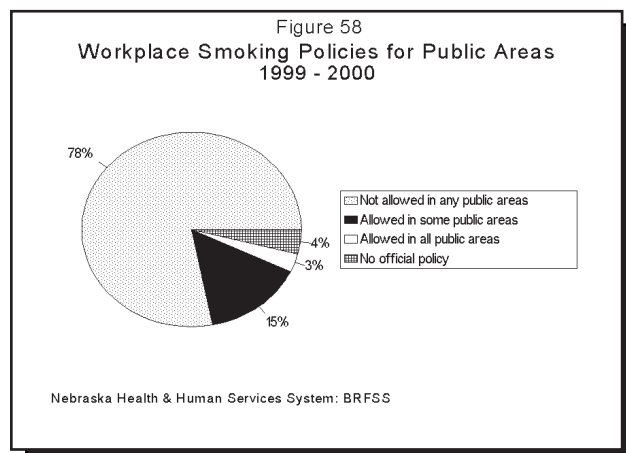
In 25 percent of households with children under 5 years of age and 26 percent of households with children aged 5 to 12, someone had smoked during the past month (Figure 57). Among households with children aged 13 to 17, the proportion of homes where smoking had occurred was somewhat greater (30 percent).



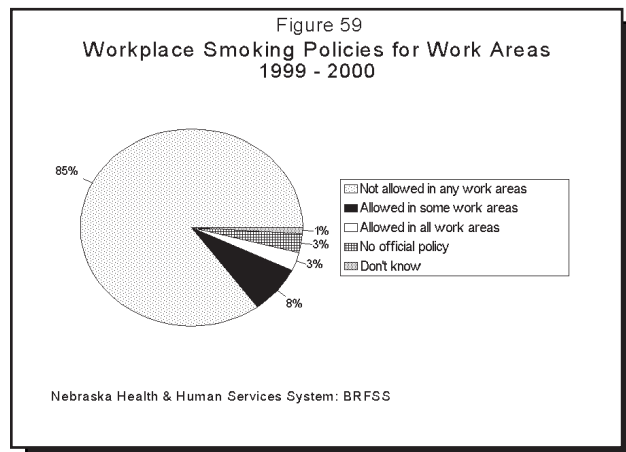
### Smoking in the Workplace

For the majority of workers who spend much of their time indoors, the presence of secondhand smoke in the workplace would represent a serious health hazard.

Respondents to the 1999-2000 Nebraska BRFSS who were employed or self-employed and worked indoors most of the time were asked about the smoking policy for indoor public or common areas in their place of work. More than three-fourths (78 percent) said smoking was not allowed in any public or common areas in their work place (Figure 58), while 15 percent reported that it was allowed in some public areas. Only 7 percent of respondents said their workplace had no official policy or allowed smoking in all public areas.



An even greater percentage of respondents (85 percent) said smoking was not allowed in any work areas at their job (Figure 59), although 8 percent did indicate that smoking was allowed in some work areas in their place of work. Three percent reported no official smoking policy and 3 percent said smoking was permitted in all work areas.



Women were more likely than men in this study to state that no smoking was allowed in public or common areas or in any work areas in their work place (Table 32). Respondents living in urban counties in Nebraska were also more likely than those in rural counties to report no smoking allowed in the place of work. The proportion of respondents indicating that no smoking was allowed either in public or work areas at their place of employment was greater among persons with more education and those with higher annual household incomes.

**Table 32**

Respondents Reporting No Smoking  
Allowed in Their Work Place  
1999-2000

	<b><u>In Indoor Public or Common Areas (%)</u></b>	<b><u>In Work Areas (%)</u></b>
<b><u>Gender</u></b>		
Male	73	80
Female	81	88
<b><u>Place of Residence</u></b>		
Urban	83	89
Rural	72	80
<b><u>Education</u></b>		
< HS	53	71
HS Grad/GED	71	79
Some College/Tech	78	85
College Grad	87	90
<b><u>Income</u></b>		
<\$20,000	69	73
\$20,000 - \$34,999	71	81
\$35,000 - \$49,999	80	88
\$50,000 +	83	89

Nebraska Health & Human Services System: BRFSS

### Opinions on Smoking Policies

Participants in the 1999-2000 Nebraska BRFSS were asked for their opinions regarding the extent to which smoking should be allowed in restaurants, schools, day care centers, and indoor work areas (Table 33).

Nine out of ten adults in Nebraska generally agreed that smoking should not be permitted at all in schools (90 percent) and day care centers (93 percent).

The majority (73 percent) also felt that no smoking should be allowed in indoor work areas, although about one-fifth (21 percent) said it should be allowed in some areas.

Respondents supported a more permissive smoking policy for restaurants. Although more than one-half (54 percent) stated that smoking should not be allowed in these establishments, 38 percent felt it should be permitted in some areas in restaurants.

Respondents who currently smoked cigarettes agreed that smoking should not be allowed at all in day care centers (91 percent) and were only slightly less likely to state that it should not be permitted in schools (86 percent).

Current smokers did, however, support a more permissive smoking policy for restaurants and indoor work areas. Less than one-fourth (23 percent) said smoking should not be allowed at all in restaurants, while the majority (69 percent) felt it should be permitted in some areas. Little more than one-half (55 percent) of current smokers stated that smoking should not be allowed in indoor work areas, while 39 percent felt it should be permitted in designated areas in the work place.

**Table 33**

Opinions on Smoking Policies  
1999-2000

	<b><u>Restaurants (%)</u></b>	<b><u>Schools (%)</u></b>	<b><u>Day Care Centers (%)</u></b>	<b><u>Indoor Work Areas (%)</u></b>
Should Not Be Allowed at All	54	90	93	73
Should Be Allowed in Some	38	5	2	21
Should Be Allowed in All	2	<1	<1	1
Don't Know/Refused	6	5	5	6

Nebraska Health & Human Services System: BRFSS

# SMOKELESS TOBACCO

Smokeless tobacco (“spit” tobacco) includes oral forms of tobacco, primarily snuff and chewing tobacco products. Contrary to popular belief, smokeless tobacco products are not a safe alternative to smoking cigarettes. Like cigarettes, smokeless tobacco is highly addictive and can, in fact, provide users with more nicotine than cigarettes per equivalent dose.

Smokeless tobacco use is the single most important risk factor for oral cancers (cancers of the lip, tongue, mouth, and throat), accounting for an estimated 75 percent of these cancers. Long-term smokeless tobacco users develop oral cancers at a rate nearly 50 times greater than that of non-users.

## Definition

**Smokeless Tobacco Users:**  
Respondents who chewed tobacco, used snuff, or both at the time of the survey.

## Current Prevalence

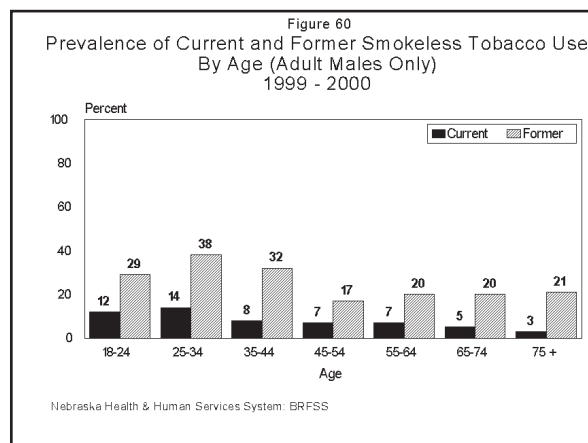
In 1999-2000, 9 percent of Nebraska men aged 18 and older stated that they currently use smokeless tobacco. More than one-fourth (27 percent) were classified as former users, while the majority of men studied (64 percent) said they had never used smokeless tobacco products.

## Trend over Time

The prevalence of smokeless tobacco use among adult men has held steady at about 9 percent for most of the 1990’s.

## Who’s at Risk in Nebraska?

Young men aged 18 to 34 (13 percent) were more likely than older men to report current use of smokeless tobacco (Figure 60). Current rates for men 35 and older generally decreased with increasing age to a low of 3 percent among men aged 75 and older.



Men under age 45 were more likely than older men to state they formerly had used this kind of tobacco, but no longer do so. About three-fourths of Nebraska men aged 45 and older reported that they had never tried smokeless tobacco.

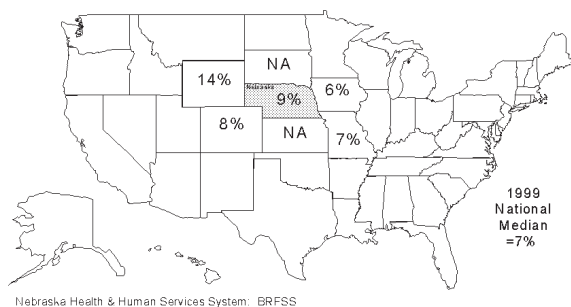
Compared to men in urban counties (7 percent), a greater proportion of rural men (10 percent) said they currently use snuff, chewing tobacco, or both.

No trends in smokeless tobacco use were apparent by educational attainment or by household income of male respondents.

## Nebraska and the Nation

Only 19 states in 1999 and 18 states in 2000 collected data on prevalence of smokeless tobacco use. An average of 7 percent of adult males in these states reported current use of these products in 1999 (Figure 61 on pg. 54). Nebraska (9 percent) reported a higher prevalence rate than three of the four surrounding states that used this module. In Wyoming, however, 14 percent of men surveyed in 2000 indicated current use of smokeless tobacco products.

Figure 61  
Male Respondents Who Currently Use  
Smokeless Tobacco (1999-2000)



Nebraska Health & Human Services System: BRFSS

### Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999-2000	US BRFSS 1999	US 2010 Target
Prevalence of males aged 18 and older who currently use smokeless tobacco	4%	9%	7%	0.4%

# OVERWEIGHT AND OBESITY

The prevalence of overweight and obesity among adults, adolescents, and children has risen considerably over the past twenty years in the United States and in Nebraska. Overweight- and obesity-related conditions are the second leading cause of death in the U.S., resulting in about 300,000 lives lost each year. Among preventable causes, only smoking kills more Americans.

Overweight and obesity substantially raise the risk of illness from: heart disease and stroke; high blood pressure; elevated blood cholesterol levels; type 2 diabetes; endometrial, breast, prostate, and colon cancers; gallbladder disease; arthritis; sleep disturbances; and problems breathing. Obese persons (both children and adults) may also suffer from social stigmatization, discrimination, and lowered self-esteem.

## PREVALENCE OF OVERWEIGHT AND OBESITY

### Definitions

The Body Mass Index (BMI) is used as a proxy measure for overweight and obesity in adults until a better method of determining actual body fat is developed. It is calculated by dividing weight in kilograms by the square of height in meters.

Overweight or obese: A BMI reading of 25.0 or greater.

Obese: A BMI reading of 30.0 or greater.

Overweight but not obese: A BMI reading of 25.0 to 29.9.

The definition of overweight has changed from that used in previous BRFSS reports. Prevalence data for past years have been recalculated in the current report to assure that trends are accurate. (However, prevalence estimates will not match those found in earlier BRFSS reports).

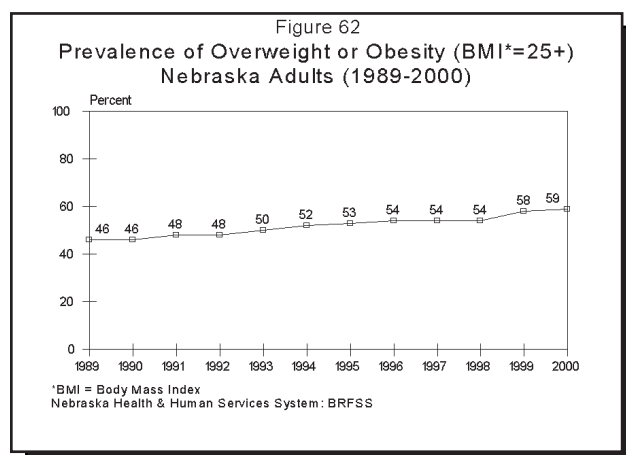
Height and weight figures used to determine overweight and obesity in this study were those reported by respondents. These questions were asked in 1999 and 2000.

### Current Prevalence

In Nebraska, 21 percent of BRFSS respondents reported heights and weights that placed them in the “obese” category in 1999-2000, based on the BMI. Overall, 58 percent of adults were classified as “overweight or obese”, based on these standards.

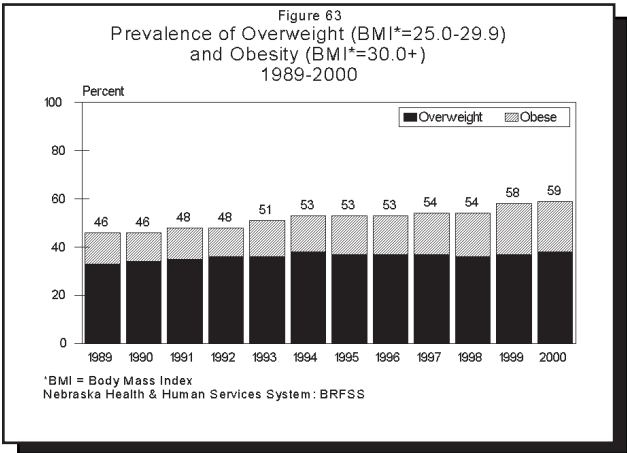
### Trend over Time

The proportion of adults who are at risk due to overweight or obesity has increased substantially over the years. Prevalence has increased by 13 percentage points between 1989 and 2000 (Figure 62).



Overall, 38 percent of adults were classified as overweight but not obese (BMI=25.0 – 29.9) in 2000. This proportion is higher than that reported in 1989 (33 percent), but the greatest share of the increase in overweight and obesity has occurred in the obese category. From 1989 through 1992, the proportion of adults who were obese was stable at 12 or 13 percent (Figure 63). Since then, prevalence has risen by about 75 percent, so that 21 percent were categorized as obese in 1999 and 2000.

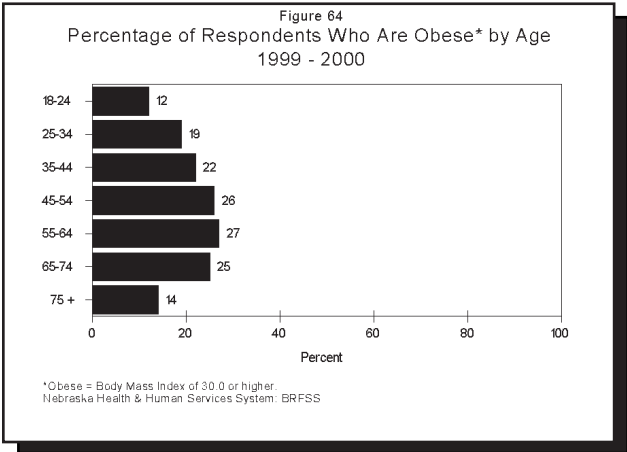




### Who's at Risk in Nebraska?

Men were somewhat more likely than women to report weights and heights that placed them in the obese category (24 percent vs. 18 percent for women) in 1999-2000. The proportion of respondents who were overweight or obese was also higher among men (68 percent) than women (48 percent), based on self-reported heights and weights.

In general, prevalence of obesity increased with increasing age of respondent through age 64 (Figure 64). The proportion of respondents who were obese ranged from a low of 12 percent for young adults aged 18 to 24 to a high of 27 percent for respondents aged 55 to 64. Prevalence dropped off a little among respondents 65 to 74, but 25 percent were still classified as obese. Among elderly respondents aged 75 and older, however, a much smaller proportion (14 percent) gave responses that placed them in this category.



Rural residents (22 percent) in the current study were slightly more likely than persons living in urban areas (20 percent) to be obese.

Respondents with less than a college degree were, in general, more likely to be categorized as obese than college graduates (Table 34). In 1999-2000, 22 to 23 percent of these adults were obese, compared to 18 percent of college graduates.

**Table 34**

Respondents Who Are Overweight or Obese  
1999-2000

	Overweight (BMI= 25.0-29.9)	Obese (BMI=30.0+)
<u>Education</u>	(%)	(%)
Less Than HS	33	23
HS Grad/GED	39	22
Some College/Tech	35	23
College Grad	38	17
<u>Income</u>	%	%
< \$20,000	32	24
\$20,000 - \$34,999	37	22
\$35,000 - \$49,999	39	25
\$50,000 +	41	18

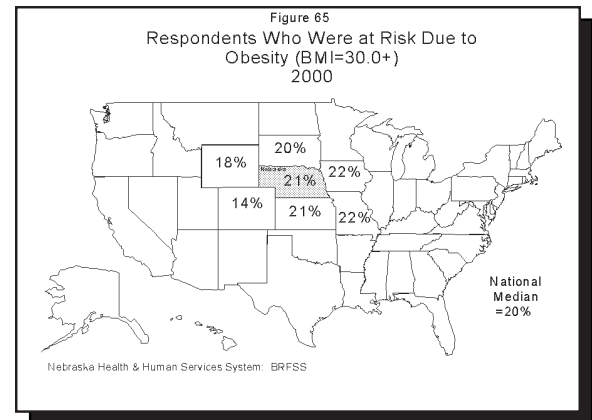
Nebraska Health & Human Services System: BRFSS

Persons with annual household incomes below \$50,000 per year reported a higher prevalence of obesity (22 to 25 percent) than did those earning \$50,000 or more (18 percent).

Similar trends were noted in proportions of adults who were "overweight but not obese" in Nebraska by gender, age and place of residence. By education and income, however, no trends were apparent; that is, the proportions of respondents who were overweight but not obese did not vary according by educational or income brackets, but were fairly consistent throughout. Thus, persons with college degrees or high annual incomes (\$50,000 or higher) were less likely to be obese than persons with less education or lower incomes, but they do not appear to be any less likely to be overweight.

## Nebraska and the Nation

Obesity was more prevalent in Nebraska (21 percent) than nationwide in 2000, based on the national median of 20 percent for 2000 (Figure 65). Of the surrounding states, Missouri (22 percent), Iowa (22 percent), Kansas (21 percent), and South Dakota (20 percent) all reported prevalence estimates near Nebraska's. Only in Colorado (14 percent) and Wyoming (18 percent) was prevalence of obesity lower.



## Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999-2000	US BRFSS 2000	US 2010 Target
Prevalence of obesity (BMI=30.0 or greater) among adults 18 and older	15%	21%	20%	15%

## WEIGHT CONTROL

Overweight and obesity occur when a person eats more calories from food (energy) than he or she expends, for example, through physical activity. This balance between energy intake and output is influenced by metabolic and genetic factors, as well as by diet and physical activity. Environmental, cultural, and socioeconomic components also play a role.

The potential health benefits of weight reduction for overweight and obese persons are important. However, losing weight is a difficult process for most people. Still, it is possible for most people to achieve a healthy body weight, using the recommended combination of reduced calorie intake and increased physical activity.

Questions about weight loss and maintenance were asked in the 2000 BRFSS, but not in the 1999 survey.

### Current Weight Loss Attempts

More than one-third of all respondents to the 2000 Nebraska BRFSS (35 percent) stated that they were currently trying to lose weight. Women (42 percent) were much more likely than men (28 percent) to attempt weight loss.

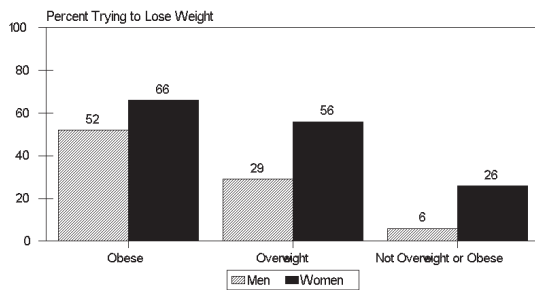
Among respondents who were classified as obese, 58 percent said they were currently trying to lose weight, while 42 percent said they were not. Among those who were overweight but not obese, 40 percent reported they were attempting weight loss at the time of the survey.

Nearly one-fifth (18 percent) of the respondents who were not overweight or obese were also trying to lose weight.

### Who's Attempting Weight Loss?

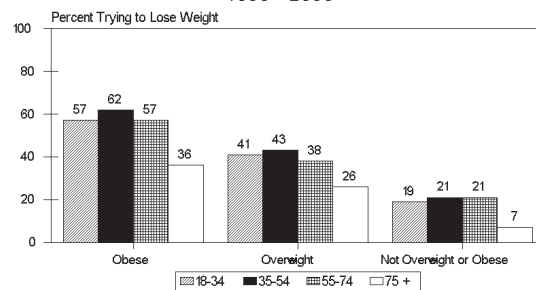
About one-half of the obese men in this study (52 percent) said they were trying to lose weight, compared to two-thirds (66 percent) of obese women (Figure 66 next page). A similar pattern was evident among respondents who were overweight but not obese, with 56 percent of overweight women and 29 percent of overweight men stating they were attempting weight reduction. Even among respondents who were not overweight or obese based on self-reported weight and height data, women (26 percent) were much more likely than men (6 percent) to say they were trying to lose weight at the time of the survey.

Figure 66  
Respondents Trying to Lose Weight  
By Gender and Weight Status  
1999 - 2000



Nebraska Health & Human Services System: BRFSS

Figure 67  
Respondents Trying to Lose Weight  
By Age and Weight Status  
1999 - 2000



Nebraska Health & Human Services System: BRFSS

Respondents aged 75 or older were much less likely than younger respondents to say they were trying to lose weight, no matter which weight category they were in (Figure 67). Only about one-third (36 percent) of obese elderly adults reported trying to lose weight, compared to at least one-half to two-thirds of obese respondents in the younger age groups. A similar pattern was evident for persons who were overweight but not obese and for persons with Body Mass Index scores under 25 (normal weight).

The proportion of obese persons in this survey who reported they were currently trying to lose weight was about the same in urban counties as it was in rural counties (58 percent each). However, among respondents who were overweight but not obese and among those who were not overweight or obese, persons living in urban counties were somewhat more likely than those in rural counties to say they were attempting weight reduction (Table 35).

**Table 35**  
Overweight or Obese Respondents  
Trying to Lose Weight  
2000

	Normal or Underweight (BMI < 25.0) (%)	Overweight But Not Obese (BMI= 25.0-29.9) (%)	Obese (BMI=30.0+) (%)
<b><u>Place of Residence</u></b>			
Urban	21	44	58
Rural	16	37	58
<b><u>Education</u></b>			
Less Than HS	10	30	62
HS Grad/GED	16	38	53
Some College/Tech	17	42	62
College Grad	25	43	59
<b><u>Income</u></b>			
< \$20,000	14	38	65
\$20,000 - \$34,999	15	41	61
\$35,000 - \$49,999	16	42	62
\$50,000 +	26	42	55

Nebraska Health & Human Services System: BRFSS

The majority of obese respondents in all categories of educational attainment reported that they were trying to lose weight at the time of the survey (Table 35). Among persons who were of “normal” weight or who were overweight but not obese, persons with more education were more likely to be attempting weight loss. For example, 43 percent of college graduates who were overweight but not obese reported trying to lose weight, while only 30 percent of overweight respondents who had less than a high school education said they were.

Most of the obese respondents in all income categories also stated they were attempting weight reduction.

### Medical Advice about Weight

All respondents to the 2000 BRFSS were asked if, in the past 12 months, a doctor, nurse, or other health professional gave them advice about their weight. Although 59 percent of respondents in the 2000 study were categorized as overweight or obese, only about one in eight respondents (12 percent) said they had been given medical advice about their weight. Most were encouraged to lose weight (10 percent of all respondents), rather than gain or maintain weight.

Men (8 percent) were a little less likely than women (11 percent) to report that a health professional had advised them to lose weight (Table 36). The proportion of persons in the middle age brackets (aged 35 to 64 years) who said their physician or other health professional recommended that they try to lose weight was greater than the proportion of either younger or older adults who were given this advice.

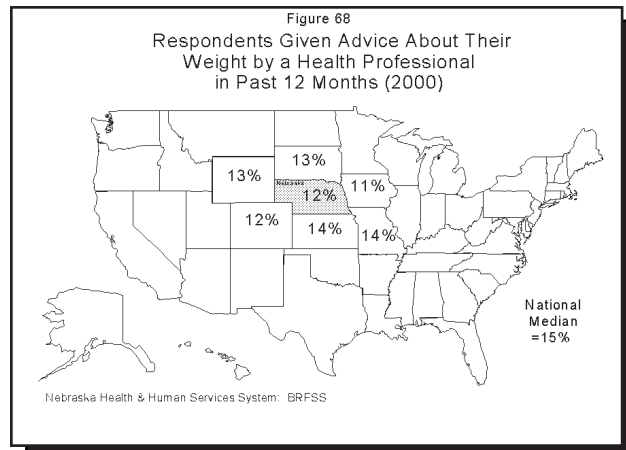
### Age

18-24	4
25-34	7
35-44	10
45-54	15
55-64	15
65-74	10
75+	6

Nebraska Health & Human Services System: BRFSS

### Nebraska and the Nation

Nationwide, 15 percent of adults said a health professional had given them advice about their weight in the past year (Figure 68). (Twelve percent of all respondents indicated they had been advised to lose weight). In Nebraska, only 12 percent received a recommendation about their weight in the last 12 months. The six states bordering Nebraska also reported slightly lower rates of adults receiving medical advice about their weight than the nation, with rates ranging from 11 percent for Iowa to 14 percent each for Kansas and Missouri.



**Table 36**

Respondents Advised by a Health Professional to Lose Weight

<u>Gender</u>	<u>Percent of All Respondents</u>
Male	8
Female	11

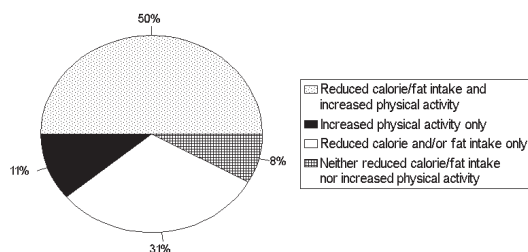
## Weight Loss Methods

Respondents in the 2000 BRFSS who were obese and attempting to lose weight were asked about their use of diet and exercise to accomplish this goal. Altogether, 61 percent reported that they were getting more exercise. Eight out of ten respondents (82 percent) said they were eating fewer calories, reducing the amount of fat they consume, or both.

Obese women in Nebraska (86 percent) were somewhat more likely than their male counterparts (78 percent) to state they were eating fewer calories or less fat in order to lose weight. In comparison to women (59 percent), a slightly greater proportion of men (63 percent) reported using increased physical activity as a means of achieving weight loss.

Overall, 50 percent of obese adults in this study who were trying to lose weight used a combination of increased physical activity and reduced calorie or fat intake to reach their objective (Figure 69). An additional 31 percent said they were just eating fewer calories or less fat, while 11 percent stated they were using exercise alone to accomplish weight loss. Eight percent indicated they were using other methods.

Figure 69  
Combination of Weight Loss Methods  
Used by Obese Respondents (2000)



Nebraska Health & Human Services System: BRFSS

# CONSUMPTION OF FRUITS AND VEGETABLES

Vegetables, fruits and grains are good sources of complex carbohydrates and dietary fiber, as well as vitamins, minerals, antioxidants, and phytochemicals that are important for good health. They are also generally low in fat. Studies suggest that water-soluble fibers from foods such as oat bran, beans, and certain fruits are associated with lower blood sugar and blood lipid levels. Dietary patterns that incorporate higher intake of vegetables, fruits and grains are associated with a variety of health benefits, including a decreased risk of some types of cancer.

The 2000 Dietary Guidelines for Americans recommend five or more servings of fruits and vegetables per day for good nutrition.

## Definitions

BRFSS respondents were asked a series of questions about the foods they usually eat or drink. They were asked how often they:

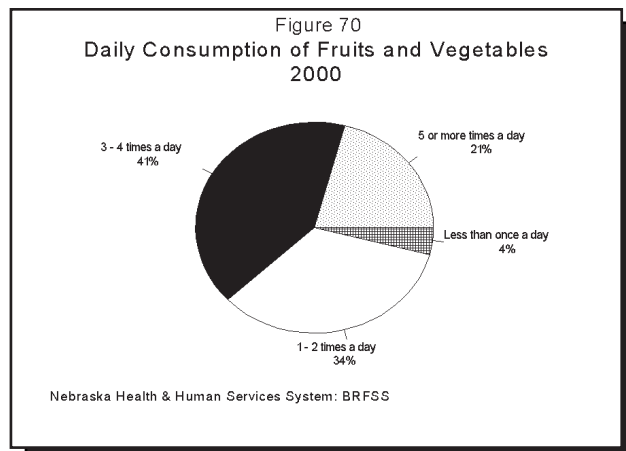
- Drink fruit juices such as orange, grapefruit, or tomato
- Eat fruit, not counting juice
- Eat green salad
- Eat potatoes (not including French fries, fried potatoes, or potato chips)
- Eat carrots.

They were also asked how many servings of vegetables they usually eat (not counting carrots, potatoes, or salad).

Responses to the fruit and vegetable consumption questions were then summarized to arrive at the number of times per day each respondent eats fruits and vegetables. Although the BRFSS does not provide data on the number of servings of fruit and vegetables consumed each day, the information on number of times these foods are eaten is still useful for comparison with the recommended “Five a Day” objective. These questions were asked in the 2000 BRFSS but not in the 1999 survey.

## Current Prevalence

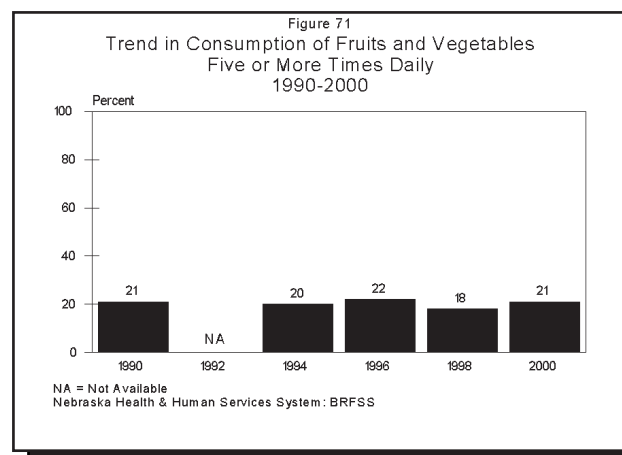
Altogether, only 21 percent of respondents to the Nebraska 2000 BRFSS reported consuming fruits and vegetables the recommended five or more times daily (Figure 70).



The greatest proportion of adults in Nebraska (41 percent) reported eating these food items three or four times per day. About one-third (34 percent) said they ate fruits and vegetables only once or twice per day and 4 percent consumed them less frequently than once a day or never did. Overall, more than three-fourths (79 percent) of adults ate fruits and vegetables less frequently than the recommended five or more times daily.

## Trend over Time

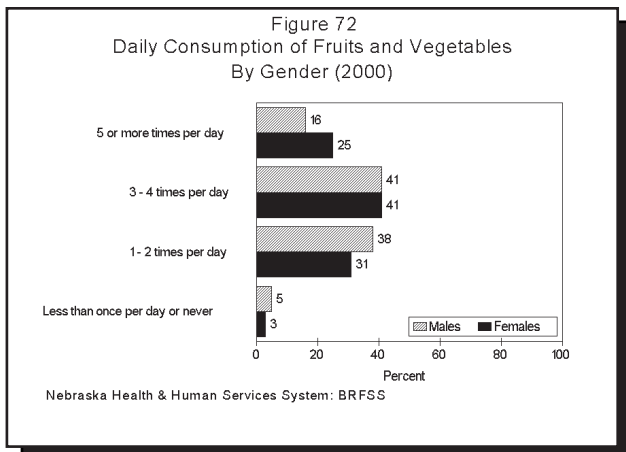
The proportion of respondents who reported consuming these foods five or more times per day has changed very little since 1990, when 21 percent ate fruits and vegetables this frequently (Figure 71).



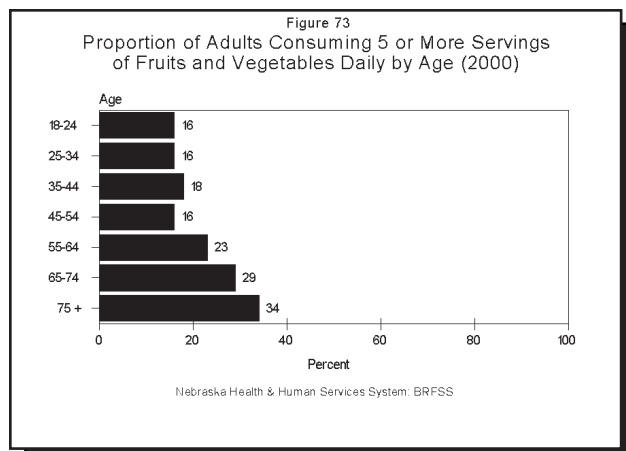


## Who's at Risk in Nebraska?

Men were more likely than women in Nebraska to be at risk due to low consumption of fruits and vegetables (Figure 72). Only 16 percent of men in the 2000 BRFSS reported eating these foods the recommended five or more times per day, compared to 25 percent of women. Men (43 percent) were also more likely than women (34 percent) to report that they never consume vegetables and fruits or did so no more than twice a day.



Younger adults in Nebraska were much more likely than older adults to be at risk for inadequate levels of fruits and vegetables in their diets (Figure 73). An average of only about 16 percent of adults under age 55 reported eating these foods at least five times a day. Among persons aged 55 to 64, nearly one-fourth (23 percent) followed the recommendations. Among elderly respondents aged 75 and older, the proportion that consumed fruits and vegetables at least five times a day (34 percent) was double the proportion for persons under age 55.

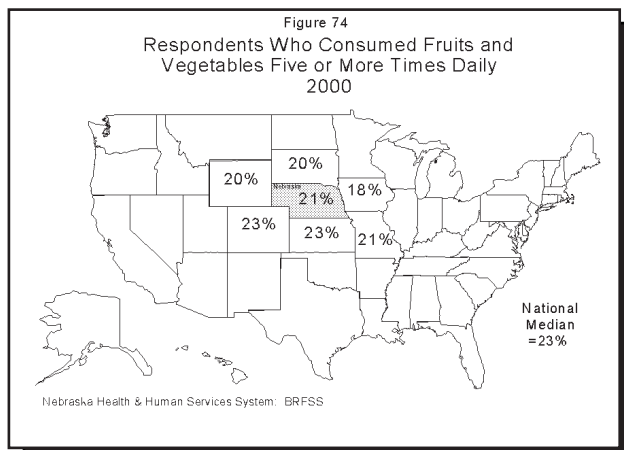


Urban residents (22 percent) were slightly more likely than people living in rural counties (19 percent) to consume fruits and vegetables five or more times daily.

No trends were apparent by income or educational level of respondents.

## Nebraska and the Nation

An average of 23 percent of BRFSS respondents nationwide reported consuming fruits and vegetables five or more times per day in 2000 (Figure 74). Nebraska, with 21 percent, ranked below the national median and below Colorado and Kansas (23 percent each) in fruit and vegetable consumption. Of the other surrounding states, Missouri also reported 21 percent of adults consuming the recommended "Five A Day," while Wyoming (20 percent), South Dakota (20 percent), and Iowa (18 percent) reported slightly lower rates.



# FOLIC ACID

The Centers for Disease Control and Prevention, the March of Dimes, and the National Council on Folic Acid are active in the National Folic Acid Campaign to promote the use of folic acid to prevent spina bifida and anencephaly, which are serious birth defects. These defects occur when the fetal neural tube fails to close fully, interrupting the development of the central nervous system.

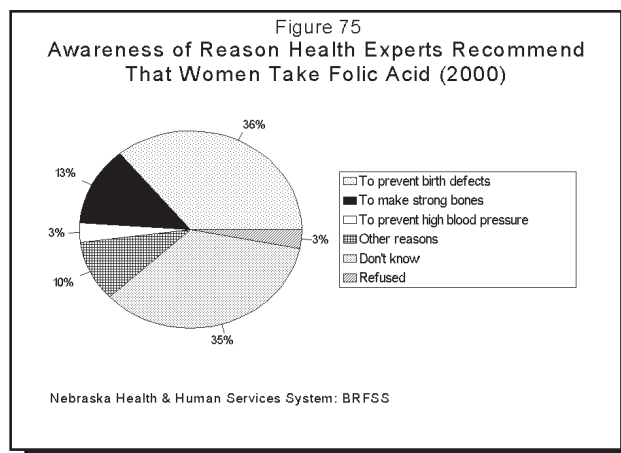
Research has shown that about 50 percent of neural tube defects may be prevented by increasing the consumption of folic acid to optimal levels from one month before conception through the first three months of pregnancy. In Nebraska, these birth defects occurred in an average of 4.6 births per 10,000 over the five-year period 1995-1999.

The goal of the folic acid campaign is to educate all women who could possibly become pregnant to consume 400 micrograms of folic acid daily from vitamin supplements and/or fortified foods, in addition to eating certain foods containing folic acid.

Questions about folic acid were asked in the 2000 Nebraska BRFSS, but not in 1999.

## Awareness of Reason for Taking Folic Acid

Women aged 18 to 44 years were read the following question, "Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which of the following reasons: To make strong bones? To prevent birth defects? To prevent high blood pressure? Or some other reason?" Overall, 36 percent of women in this age group were able to correctly state that health experts recommend taking folic acid to prevent birth defects (Figure 75). However, a nearly equal proportion (35 percent) indicated they did not know the reason women should take folic acid, while 26 percent gave incorrect responses (such as "to make strong bones" or "to prevent high blood pressure").



Urban women were somewhat more likely than rural women to correctly identify the reason health experts recommend taking folic acid. Thirty-eight percent of women living in urban counties stated that folic acid prevents birth defects, compared to 35 percent of women from rural counties.

College graduates were much more likely than women with less education to correctly state the reason health experts recommend taking folic acid (Table 37). More than half (52 percent) gave the correct response, compared to only about one-fourth (24 percent) of women with a high school education and only 14 percent of women with less than a high school diploma.

**Table 37**

Respondents Correctly Stating  
The Reason for Taking Folic Acid  
—To Prevent Birth Defects  
Women Aged 18 – 44 Years (2000)

<b>Education</b>	<b>%</b>
Less Than HS	14
HS Grad/GED	24
Some College/Tech	39
College Grad	52
<b>Income</b>	<b>%</b>
< \$15,000	24
\$15,000 - \$24,999	35
\$25,000 - \$49,999	39
\$50,000 +	45

Nebraska Health & Human Services System: BRFSS

Similar results were reported by annual household income of respondents. Nearly half of the women with incomes of \$50,000 or more per year (45 percent) said that folic acid is taken to prevent birth defects, while only about one-fourth of the respondents with incomes under \$15,000 annually gave the correct response.

## FOLIC ACID INTAKE BY WOMEN AGED 18 TO 44 YEARS

### Definition

**Optimal folic acid intake:** Currently taking multivitamins or other vitamin pills or supplements containing folic acid daily or more often.

### Current Prevalence

More than one-half (57 percent) of the women aged 18 to 44 years participating in the 2000 Nebraska BRFSS stated that they currently take vitamin pills or supplements. Of those, 88 percent reported taking multivitamins (50 percent of all women in this age group). An additional two percent of the total said that, while they do not take multivitamins, they take other vitamins or supplements containing folic acid. Thus, 52 percent of women of childbearing age (aged 18 to 44 years) reported taking either a multivitamin or other vitamins containing folic acid.

Of these women taking a multivitamin or other vitamin containing folic acid, 90 percent indicated they take them daily or more often. Based on these findings and assuming that the vitamins they are taking contain 400 micrograms of folic acid, 46 percent of all women aged 18 to 44 participating in the 2000 BRFSS were receiving the optimal level of folic acid through dietary supplements.

Women who lived in urban counties in Nebraska (48 percent) were a little more likely than their rural counterparts (45 percent) to report taking an optimal level of folic acid through multivitamins or other vitamins containing folic acid.

As was the case with knowledge of the reason for taking folic acid, women in this age group who had more years of education were more likely to report taking optimal levels of folic acid (Table 38). Among college graduates, 57 percent indicated they took vitamins that supplied the needed levels of this vitamin. In comparison, only 34 percent of women with less than a high school education had an optimal intake of folic acid.

**Table 38**  
Respondents Receiving Optimal Level  
Of Folic Acid Through Dietary Supplements  
(Women Aged 18 – 44 Years)  
2000

<b>Education</b>	<b>%</b>
Less Than HS	34
HS Grad/GED	38
Some College/Tech	48
College Grad	57
<b>Income</b>	<b>%</b>
< \$15,000	39
\$15,000 - \$24,999	44
\$25,000 - \$49,999	54
\$50,000 - \$74,000	46
\$75,000 +	52

Nebraska Health & Human Services System: BRFSS  
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Proportion of women taking optimal levels of folic acid through supplementation did not appear to vary by annual household income of respondents.

# PHYSICAL ACTIVITY LEVELS

Regular physical activity is important at all stages of life for maintaining health, enhancing quality of life, and preventing premature death. On average, physically active people outlive those who are inactive.

According to the 1996 *Surgeon General's Report on Physical Activity and Health*, Americans can substantially improve their health and quality of life by including moderate amounts of physical activity in their daily lives. This report points out that regular physical activity:

- Greatly reduces the risk of dying from coronary heart disease (the leading cause of death in the United States and in Nebraska);
- Reduces the risk of developing diabetes, high blood pressure, and colon cancer;
- Enhances psychological well-being, combats the effects of stress, and may even reduce the risk of developing depression;
- Builds healthy muscles, bones, and joints;
- Increases lean muscle mass and decreases body fat;
- Aids in maintaining healthy body weight and is a key part of any weight loss effort;
- Helps older adults improve and maintain strength and agility, thus aiding them in maintaining an independent living status.

The Surgeon General's report concludes that sedentary persons can achieve major health gains by engaging in moderate physical activity (such as 30 minutes of brisk walking) on most, if not all, days of the week. Individuals who already include moderate activity in their daily lives can see additional improvement in their health and fitness levels by increasing the duration of their activity and/or by including vigorous physical activities three to five days a week.

For those who currently do not participate in any leisure-time physical activity, beginning to exercise at any level of intensity or for even small periods of time is preferable to continuing to get no exercise at all. For anyone just starting to exercise, experts recommend starting out slowly and gradually increasing the frequency and duration of physical activity as the key to successful behavior change.

## PHYSICALLY INACTIVE

### Definition

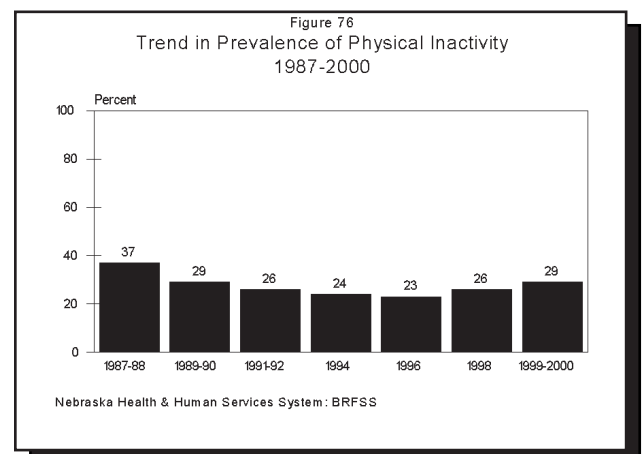
Physically Inactive: No leisure-time physical activity reported during the past month.

### Current Prevalence

In 1999-2000, nearly three of every ten adults responding to the Nebraska BRFSS (29 percent) stated they had not participated in any leisure-time physical activity in the past month.

### Trend over Time

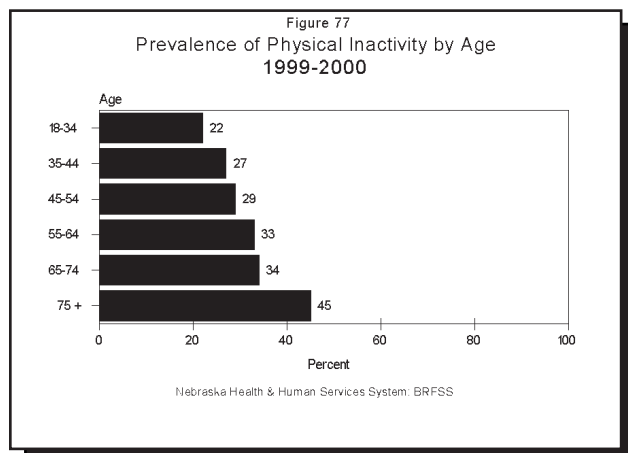
The proportion of adults who were physically inactive during the month prior to the survey declined since the 1987-1988 BRFSS to a low of 23 percent in 1996 (Figure 76). Since then, however, prevalence of physical inactivity increased to 26 percent in 1998 and 29 percent in 1999-2000.



### Who's at Risk in Nebraska?

Similar proportions of men (28 percent) and women (30 percent) reported being physically inactive during the past month.

In general, prevalence of physical inactivity increased with age of respondent, ranging from a low of 22 percent for young adults aged 18 to 34 to a high of 45 percent for persons aged 75 or older (Figure 77).



Adults living in rural Nebraska counties (31 percent) were more likely than residents of urban counties (26 percent) to state that they had not engaged in any leisure-time physical activities during the last month.

Prevalence of physical inactivity was highest among respondents with less than a high school education (42 percent) and decreased with increasing levels of education (Table 39). Among high school graduates, 39 percent reported no leisure-time physical activity during the past month, while only 17 percent of college graduates reported being physically inactive.

**Table 39**  
Prevalence of Physical Inactivity  
1999-2000

<b>Education</b>	<b>%</b>
Less than HS	42
HS Grad/GED	39
Some College/Tech	23
College Grad	17

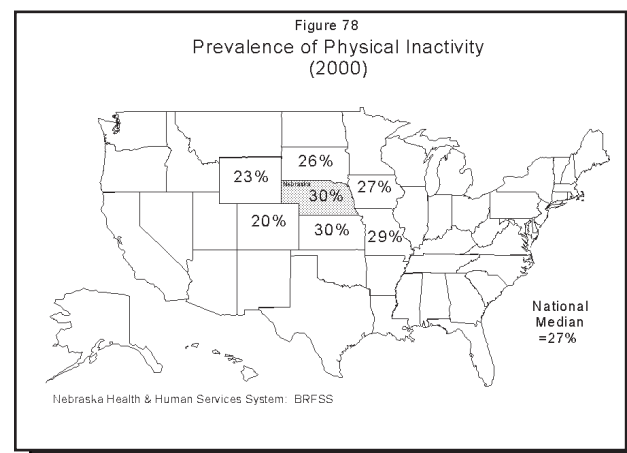
  

<b>Income</b>	<b>%</b>
< \$20,000	34
\$20,000 - \$34,999	30
\$35,000 - \$49,999	25
\$50,000 +	21

In general, persons with lower incomes were more likely than were those with higher household incomes to report getting no exercise during their leisure hours. One-third (34 percent) of respondents earning less than \$20,000 per year were physically inactive during the previous month, compared to one-fourth (25 percent) of those with incomes of \$35,000 to \$49,999 and 21 percent of respondents with annual incomes of \$50,000 or more.

### Nebraska and the Nation

Nationwide, 27 percent of adult Americans reported no leisure-time physical activity during the last month in 2000, compared to 30 percent of Nebraska adults (Figure 78). In fact, Nebraska ranked 13<sup>th</sup> highest of the 50 states and the District of Columbia in proportion of adults who were physically inactive. Of the six surrounding states, only Kansas (30 percent) and Missouri (29 percent) had similarly high rates of physical inactivity. Colorado (20 percent) and Wyoming (23 percent) had rates of physical inactivity that were considerably lower than the national median.





## Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999-2000	US BRFSS 2000	US 2010 Target
Percent of adults aged 18 and older who did not participate in any leisure-time physical activity in the past month	15%	29%	27%	20%

## RECOMMENDED PHYSICAL ACTIVITY LEVELS

Based on the U.S. Surgeon General's report on physical activity and health, the Centers for Disease Control and Prevention and the American College of Sports Physicians (in cooperation with the President's Council on Physical Fitness and Sports) advocate 30 minutes of moderately vigorous physical activity at least five times per week to improve health. The recommended 30 minutes may be accumulated throughout the day by performing "lifestyle" activities such as gardening or walking up the stairs, as well as more specific exercise routines such as brisk walking. These kinds of activities are classified as "regular and sustained physical activity."

These guidelines are intended to complement, rather than replace, previous recommendations urging at least 20 to 30 minutes of continuous aerobic exercise at least three times a week. These activities include running, fast bicycling, swimming laps or similarly intense forms of exercise. This "regular and vigorous" physical activity improves cardiorespiratory fitness.

## REGULAR AND VIGOROUS PHYSICAL ACTIVITY

### Definition

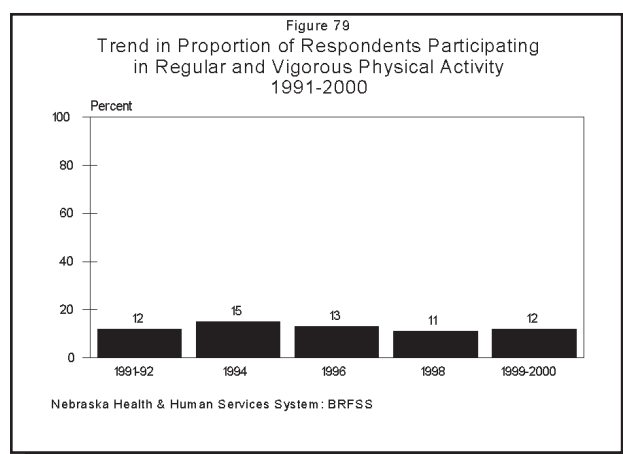
**Regular and Vigorous Physical Activity:** Any physical activity or pair of activities that requires regular rhythmic contraction of large muscle groups at 50 percent or more of functional capacity for 20 or more minutes three or more times per week during the past month.

### Current Prevalence

In 1999-2000, only 12 percent of adults in Nebraska participated in activities strenuous enough to meet the criteria for "regular and vigorous" exercise.

### Trend over Time

The proportion of respondents who engaged in regular and vigorous exercise during the month prior to the survey was highest (15 percent) in 1994. Since then, participation rates have decreased to 12 percent in 1999-2000 (Figure 79).



### Who's at Risk in Nebraska?

Men (13 percent) and women (12 percent) were about equally likely to report engaging in regular and vigorous physical activity during the past month.



Although prevalence of physical inactivity was lowest among young adults, they were generally not any more likely to participate in regular and vigorous exercise than older adults (Table 40). In fact, a greater proportion of elderly residents (aged 75 and older) reported this level of physical activity (17 percent vs. 10 percent for young adults aged 18 to 24 and 11 percent for persons aged 25 to 44).

Residents of urban (13 percent) and rural counties (12 percent) were about equally likely to have gotten regular vigorous exercise.

Respondents with a high school education or less (9 percent) were less likely than those with more education to indicate that they were participating in regular and vigorous physical activity during their leisure hours (Table 40). Thirteen percent of respondents who had received technical training or attended college fell into this category. Among college graduates, 18 percent engaged in this level of physical activity.

Similarly, persons with lower incomes were less likely than respondents with higher household incomes were to engage in regular and vigorous physical activity. Among respondents earning less than \$20,000 annually, only 10 percent participated in regular vigorous exercise during the past month. In comparison, 16 percent of persons with household incomes of \$50,000 per year or more got regular vigorous exercise in their leisure time.

**Table 40**

Respondents Participating in Regular  
And Vigorous Activity  
1999-2000

<b>Age</b>	<b>%</b>
18 – 24	10
25 – 44	11
45 – 64	13
65 – 74	13
75 +	17
<b>Education</b>	<b>%</b>
Less than HS	9
HS Grad/GED	9
Some College/Tech	13
College Grad	18
<b>Income</b>	<b>%</b>
< \$20,000	10
\$20,000 - \$34,999	12
\$35,000 - \$49,999	13
\$50,000 +	16

Nebraska Health & Human Services System: BRFSS

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### Nebraska 2010 Objectives

<b>Objective</b>	<b>Nebraska 2010 Target</b>	<b>Nebraska BRFSS 1999-2000</b>	<b>US BRFSS 2000</b>	<b>US 2010 Target</b>
Percent of adults aged 18 and older who participated in regular and vigorous leisure-time physical activity in the past month	30%	12%	NA	30%

## REGULAR AND SUSTAINED PHYSICAL ACTIVITY

### Definition

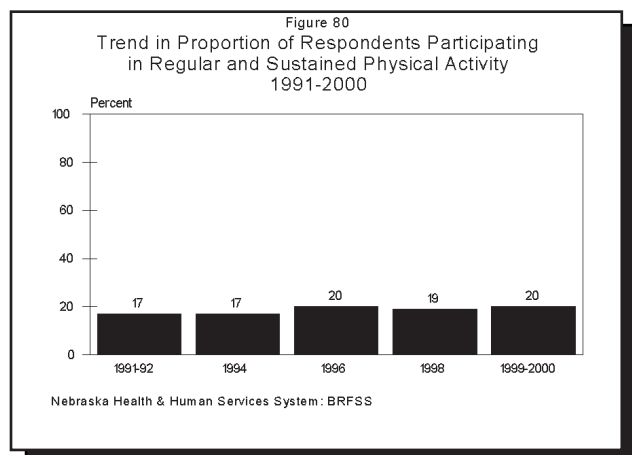
Regular and Sustained Activity: Persons who reported a physical activity or pair of activities that were done for 30 minutes or more per session, five or more times per week, regardless of intensity.

### Current Prevalence

In 1999-2000, only about one-fifth of BRFSS respondents (20 percent) participated in "regular and sustained" physical activity during the past month.

### Trend over Time

The proportion of respondents engaging in regular and sustained physical activity increased slightly since 1991-1992 (17 percent) when these questions were first included in the BRFSS (Figure 80). By 1999-2000, 20 percent of Nebraska adults were achieving this level of exercise.



### Who's at Risk in Nebraska?

Similar proportions of men (19 percent) and women (20 percent) participated in regular and sustained physical activity in the past month.

Prevalence of regular and sustained physical activity varied little among the age brackets with 19 to 22 percent participation reported for all age groups, except the elderly. (Table 41). Among respondents aged 75 and older, the participation rate was somewhat lower with 15 percent stating they had gotten this level of exercise in the last month.

**Table 41**

Respondents Participating in Regular  
And Sustained Physical Activity  
1999-2000

<u>Age</u>	<u>%</u>
18 – 24	22
25 – 34	19
35 – 44	20
45 – 54	21
55 – 64	20
65 – 74	19
75 +	15
<u>Education</u>	<u>%</u>
Less than HS	14
HS Grad/GED	15
Some College/Tech	22
College Grad	24
<u>Income</u>	<u>%</u>
< \$20,000	17
\$20,000 - \$34,999	19
\$35,000 - \$49,999	21
\$50,000 +	24

Nebraska Health & Human Services System: BRFSS

Urban (19 percent) and rural (20 percent) adults in Nebraska were about equally likely to engage in regular and sustained physical activity in their leisure time.

Persons with a high school education or less were somewhat less likely than persons with more education to report participation in regular and sustained physical activity in the past month (Table 41). College graduates were the group most likely to achieve this level of exercise in their leisure hours (24 percent participation).

A similar pattern was evident by household income of respondents. The proportion of persons engaging in regular and sustained physical activity was greater among persons with higher incomes than among those with lower annual incomes. Nearly one-fourth of respondents with yearly incomes of \$50,000 or more (24 percent) reported this level of activity, compared to only 17 percent of persons with incomes below \$20,000.

Nebraska 2010 Objectives				
<b>Objective</b>	<b>Nebraska 2010 Target</b>	<b>Nebraska BRFSS 1999-2000</b>	<b>US BRFSS 2000</b>	<b>US 2010 Target</b>
Percent of adults aged 18 and older who participated in regular and sustained leisure-time physical activity in the past month	30%	20%	22%	30%

# HIGH BLOOD PRESSURE

High blood pressure (also known as hypertension) is a major risk factor for coronary heart disease and stroke, two of the leading causes of death for Nebraska and the nation. It is defined as a condition in which blood pressure is persistently elevated (systolic blood pressure  $\geq 140$  mm Hg and/or diastolic blood pressure  $\geq 90$  mm Hg).

People with high blood pressure are two to four times more likely to develop coronary heart disease than persons with normal blood pressure. Hypertension is also considered the most important risk factor for stroke. Persons with uncontrolled high blood pressure are seven times more likely to have a stroke than are people with normal blood pressure.

About 50 million Americans today have high blood pressure. Persons with mild hypertension are frequently advised to diet or lose weight, exercise, reduce sodium in their diet, avoid smoking, and reduce their consumption of alcohol. If lifestyle modifications are not effective in lowering blood pressure, consistent use of an antihypertensive medication is often prescribed by a physician.

Hypertension-related questions were asked in the 1999 BRFSS, but not in the 2000 survey.

## HYPERTENSION SCREENING

### Definition

**At Risk:** Respondents who reported they did not have their blood pressure checked within the past two years.

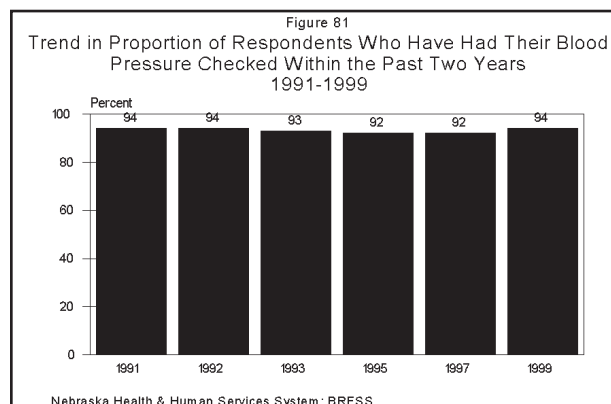
### Current Prevalence

The majority of respondents in 1999 reported that they had their blood pressure checked within the past two years (94 percent). Five percent said it had been more than two years since they last had it checked and one percent could not recall or did not answer the question.

### Trend over Time

The proportion of respondents who have had their blood pressure checked during the two years preceding the survey has remained fairly steady since 1991 (Figure 81). Prevalence

ranged from 92 to 94 percent in each of the BRFSS studies between 1991 and 1999.



## Who Has Received Screening in Nebraska?

Women (97 percent) in Nebraska were more likely than men (90 percent) to state that they had their blood pressure checked within the last two years.

Ninety percent or more of the respondents in each age bracket, except 18- to 24-year-olds, reported having a blood pressure reading taken in the past two years (Table 42). Similar results were found by level of educational attainment and by annual household income.

**Table 42**

Respondents Who Had Their Blood Pressure Checked During the Past Two Years

Age	%
18 – 24	89
25 – 34	92
35 – 44	92
45 – 54	95
55 – 64	95
65 – 74	98
75 +	98

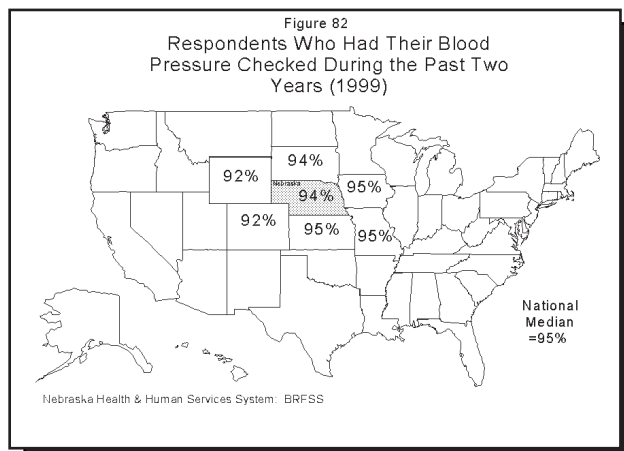
Education	%
Less Than HS	90
HS Grad/GED	93
Some College/Tech	94
College Grad	95

<b>Income</b>	<b>%</b>
< \$20,000	93
\$20,000 - \$34,999	92
\$35,000 - \$49,999	94
\$50,000 +	96

Nebraska Health & Human Services System: BRFSS

### Nebraska and the Nation

Nebraska (94 percent) ranked near the median for all states, with 95 percent of adults nationwide reporting they had their blood pressure checked within the past two years (Figure 82). Prevalence estimates for surrounding states also clustered around the national median. Of these six states, the proportion of adults who reported having their blood pressure checked during the specified period was lowest in Colorado and Wyoming (92 percent each).



### Nebraska 2010 Objectives

<b>Objective</b>	<b>Nebraska 2010 Target</b>	<b>Nebraska BRFSS 1999</b>	<b>US BRFSS 1999</b>	<b>US 2010 Target</b>
Percent of adults aged 18 and older who had a blood pressure check in the past two years	97%	94%	95%	95%

# HYPERTENSION PREVALENCE

## Definition

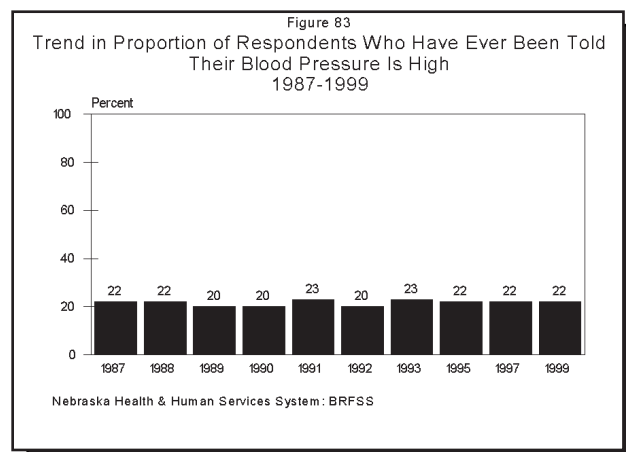
Hypertensive: Respondents who reported they had ever been told by a doctor, nurse, or other health professional that they have high blood pressure.

## Current Prevalence

Using this definition, 22 percent of respondents to the 1999 Nebraska BRFSS said they had been told by a health professional that their blood pressure is high.

## Trend over Time

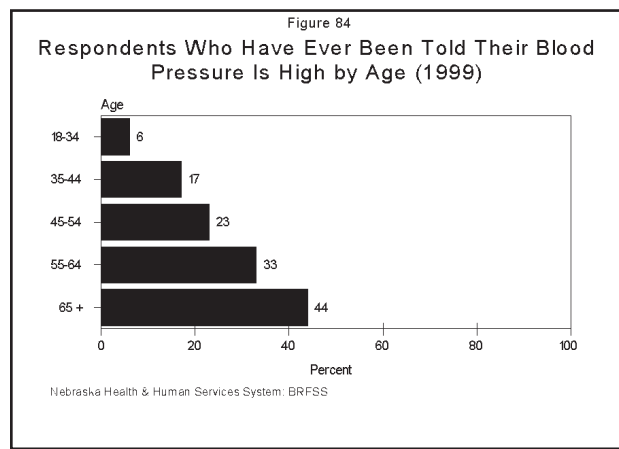
The proportion of adults in Nebraska who have ever been told they have high blood pressure has remained fairly stable, ranging from 20 to 23 percent between 1987 and 1999 (Figure 83).



## Who's at Risk in Nebraska?

Women (23 percent) in Nebraska were somewhat more likely than men (20 percent) to report that they had been told their blood pressure is high.

Prevalence of hypertension generally increased with advancing age (Figure 84). The proportion of persons with high blood pressure ranged from a low of 6 percent among young adults aged 18 to 34 to a high of 44 percent among respondents aged 65 and older.



One-fourth of adults living in rural Nebraska counties (25 percent) said they had been told at least once by a health professional that their blood pressure is high, compared to less than one-fifth of adults living in urban counties (19 percent).

Prevalence of high blood pressure was highest among persons with the least education (Table 43). Nearly one-third of the respondents who had less than a high school education (32 percent) reported having high blood pressure. Prevalence decreased with increasing levels of educational attainment to a low of 15 percent among college graduates in Nebraska.

**Table 43**

Respondents Who Had Ever Been Told Their Blood Pressure Was High 1999

<u>Education</u>	<u>%</u>
Less Than HS	32
HS Grad/GED	26
Some College/Tech	20
College Grad	15
<u>Income</u>	<u>%</u>
< \$20,000	30
\$20,000 - \$34,999	24
\$35,000 - \$49,999	17
\$50,000 +	17

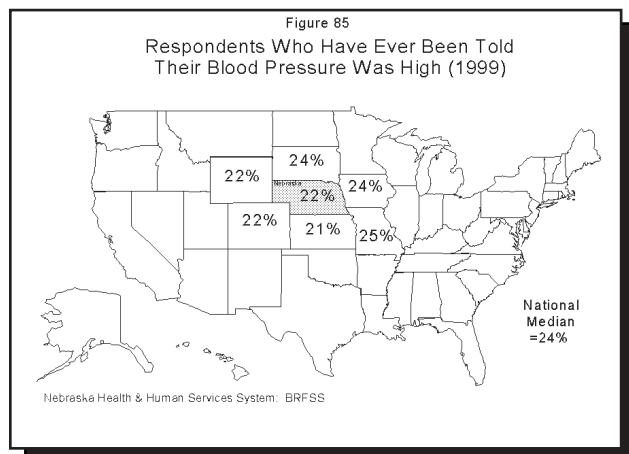
Nebraska Health & Human Services System: BRFSS



Similarly, prevalence of hypertension was higher among persons with lower incomes. Three of every ten respondents with household incomes below \$20,000 per year (30 percent) reported being told they have high blood pressure. Among respondents with annual incomes of \$20,000 to \$34,999, prevalence dropped to 24 percent. For those with incomes of \$35,000 or more, only 17 percent stated they had ever been told they were hypertensive.

### Nebraska and the Nation

Prevalence of hypertension was somewhat lower among Nebraska adults (22 percent) than the national median rate of 24 percent (Figure 85). Of the six surrounding states, Kansas reported the lowest prevalence of hypertension (21 percent), followed by Colorado and Wyoming (22 percent each). Missouri, with 25 percent, reported the highest rate.



# CHOLESTEROL SCREENING

High blood cholesterol is a major risk factor for coronary heart disease. Persons with elevated blood cholesterol levels (above 239 mg/dL) double their risk of developing coronary heart disease. However, studies have shown that even a small reduction in cholesterol level can be effective in reducing risk.

About 40 million adult Americans have blood cholesterol levels above 239 mg/dL, which places them at high risk for coronary heart disease. Another 60 million have a total cholesterol level in the 200 to 239 range (at borderline high risk for this disease).

The National Cholesterol Education Program recommends that blood cholesterol levels be checked at least once every five years in healthy adults aged 20 and older. For those that have high or borderline high readings, recommended lifestyle changes include a diet low in saturated fat and cholesterol, increasing physical activity, and losing excess weight. For about three-fourths of people with high cholesterol, diet and exercise alone are enough to bring it down to a satisfactory level. For the remainder, cholesterol-lowering drugs are available that may be effective in reducing blood cholesterol levels.

Cholesterol screening questions were asked in the 1999 Nebraska BRFSS, but not in the 2000 survey.

## EVER CHECKED/CHECKED WITHIN LAST FIVE YEARS

### Definitions

Ever checked: "Yes" to question "Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?"

Checked within last five years: Respondents whose replies to question "About how long has it been since you last had your blood cholesterol checked?" indicate testing within last five years.

### Current Prevalence

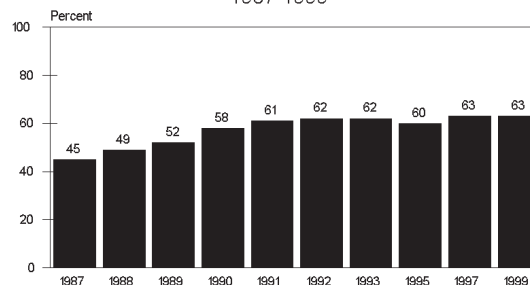
The majority of respondents (68 percent) stated they had at some time had their blood cholesterol level checked. However, 29 percent of adults reported never having this testing done, while 3 percent did not know it they had.

Most of the survey respondents (63 percent of the total or 92 percent of those who ever had it tested) said they had their blood cholesterol level checked within the past five years.

### Trend over Time

The proportion of Nebraska adults who had a blood cholesterol test done in the past five years has increased since 1987 (Figure 86). In 1987, fewer than one-half (45 percent) reported having this screening done in the five years prior to the study. Prevalence of cholesterol testing increased steadily between 1987 and 1991, but has leveled off since then. The rates recorded for 1997 and 1999 (63 percent) are the highest reported in the Nebraska BRFSS.

Figure 86  
Trend in Proportion of Respondents Who Had Their Cholesterol Checked Within the Past Five Years\*  
1987-1999



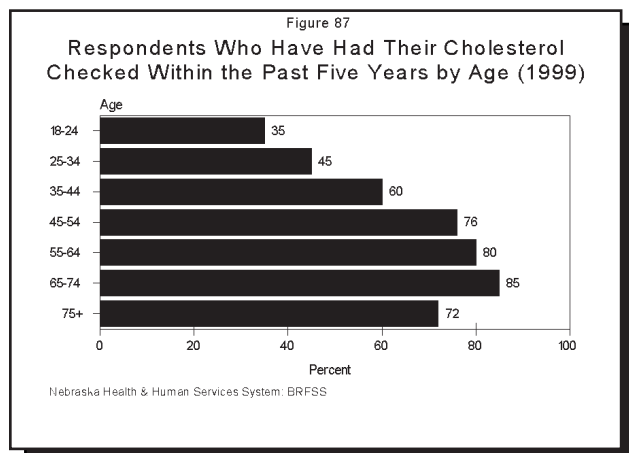
\*As a % of all respondents.  
Nebraska Health & Human Services System: BRFSS

### Who's Received Screening in Nebraska?

Nearly two-thirds of Nebraska women (65 percent) indicated that they had their cholesterol level checked within the past five years, compared to 60 percent of men.

Older respondents were much more likely than younger ones to say that they had this screening done in the past five years (Figure 87). Only 35 percent of respondents aged 18 to 24 and less than half (45 percent) of those aged

25 to 34 reported this testing. The proportion receiving screening was much higher among respondents aged 45 to 54, where 76 percent had their blood cholesterol level checked within the past five years. Persons aged 65 to 74 reported the highest percentage of respondents having this screening done in the last five years (85 percent).



Respondents living in urban counties (64 percent) and those living in rural counties (62 percent) were about equally likely to report having a blood cholesterol test done in the past five years.

More than two-thirds of the respondents with college degrees (69 percent) reported having the blood cholesterol test in the five years preceding the survey (Table 44). The proportion receiving screening was somewhat lower among persons with less education. Among those with less than a college education, an average of 61 percent were screened within the last five years.

**Table 44**

Respondents Who Have Had Their Cholesterol Checked Within the Past Five Years  
1999

<b>Education</b>	<b>%</b>
Less Than HS	61
HS Grad/GED	60
Some College/Tech	62
College Grad	69

<b>Income</b>	<b>%</b>
< \$20,000	57
\$20,000 - \$34,999	60
\$35,000 - \$49,999	62
\$50,000 +	74

Nebraska Health & Human Services System: BRFSS

A similar pattern is evident by household income of BRFSS respondents. Prevalence of screening ranged from a low of 57 percent among persons with the lowest annual incomes (under \$20,000) to 74 percent of those with incomes in the highest bracket (\$50,000 and higher).

### Nebraska 2010 Objectives

<b>Objective</b>	<b>Nebraska 2010 Target</b>	<b>Nebraska BRFSS 1999</b>	<b>US BRFSS 1999</b>	<b>US 2010 Target</b>
Percent of adults aged 18 and older who had blood cholesterol level checked in past five years	80%	63%	70%	80%

## EVER TOLD CHOLESTEROL HIGH

### Definitions

High blood cholesterol level: above 239 mg/dL

Borderline high blood cholesterol level: 200-239 mg/dL

Recommended blood cholesterol level: under 200 mg/dL

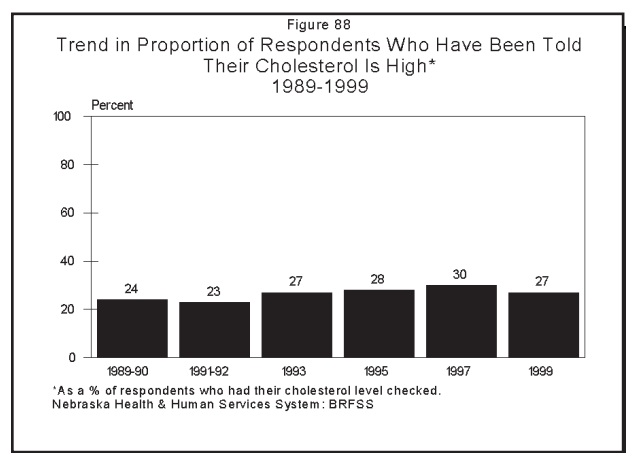
Ever told blood cholesterol high:  
Respondents who have had their blood cholesterol level checked and were told it was high by a health professional.

### Current Prevalence

Among respondents who reported ever having their blood cholesterol checked, 27 percent said their doctor or other health professional told them it is high. (When figured as a percent of all respondents, 19 percent were told their cholesterol level is elevated).

### Trend over Time

The proportion of respondents who had ever been told their cholesterol level is high has increased somewhat since the 1989-1990 BRFSS (Figure 88), when 24 percent of those who had the screening done were told it was high. Prevalence increased to 27 percent in 1993, rose to 30 percent in 1997, but dropped back to 27 percent in the current study.



## Who's at Risk in Nebraska?

About one-fourth of the men in the 1999 BRFSS who had been screened (26 percent) said they had ever been told their cholesterol level is high. Among women, 28 percent gave this response.

The proportion of respondents who were told they have elevated blood cholesterol levels generally increased with age (Table 45). Among adults aged 65 to 74, 39 percent stated they had been told they have high cholesterol, compared to less than one-sixth of persons under age 45 (16 percent). Only 7 percent of respondents in the youngest age group (18 to 24) reported having high blood cholesterol levels.

**Table 45**

Respondents Who Have Ever Been Told Their Cholesterol Is High  
1999

Age	%
18 – 24	7
25 – 34	15
35 – 44	21
45 – 54	31
55 – 64	36
65 – 74	39
75 +	33

Education	%
Less Than HS	29
HS Grad/GED	31
Some College/Tech	26
College Grad	24

Income	%
< \$20,000	30
\$20,000 – \$34,999	30
\$35,000 – \$49,999	25
\$50,000 +	26

Nebraska Health & Human Services System: BRFSS

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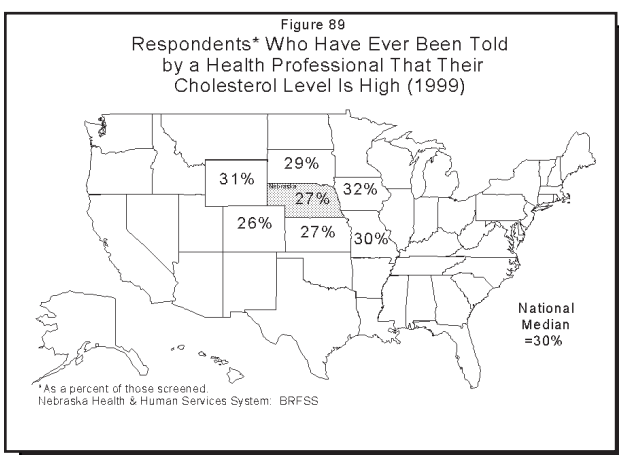
One-fourth of adults living in urban counties (25 percent) who had been tested had elevated cholesterol levels, compared to 29 percent of rural persons tested.

Persons with less education were a little more likely than were those with higher levels of educational attainment to say they had been told they have high cholesterol levels (Table 45). About three out of every ten adults who have a high school education or less (30 percent) said they had elevated cholesterol, while only 24 percent of college graduates fell into this category.

Respondents with incomes below \$35,000 per year (30 percent) were somewhat more likely than were persons with higher annual incomes to report being told they have high blood cholesterol. Among those with household incomes of \$50,000 or more, 26 percent gave this response.

### Nebraska and the Nation

Nationwide, 30 percent of adults screened said they had been told by a doctor or other health professional that their blood cholesterol is high (Figure 89). Colorado (26 percent), Nebraska and Kansas (27 percent each), and South Dakota (29 percent) all reported a slightly lower proportion of adults with elevated cholesterol. Iowa (32 percent) and Wyoming (31 percent) ranked just above the national median.



### Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999	US BRFSS 1999	US 2010 Target
Prevalence of high blood cholesterol level in adults aged 18 and older (% of those screened)	17%	27%	30%	17%

# COLORECTAL CANCER SCREENING

Colorectal cancer is the second leading cause of cancer deaths in Nebraska, accounting for 412 deaths in 2000. Risk factors for colorectal cancer include: increasing age, personal or family history of colorectal cancer or polyps, personal history of inflammatory bowel disease, physical inactivity, obesity, high alcohol consumption, and cigarette smoking.

Since about three-fourths of all colorectal cancer occurs in people with no known risk factors, regular screening is important. Although the screening guidelines published by various organizations vary, all agree that screening for asymptomatic persons with no personal or family history of colorectal cancer or related conditions should begin at age 50, using either fecal occult blood testing annually, flexible sigmoidoscopy every five years, colonoscopy every ten years, double contrast barium enema every five to ten years, or some combination of these approaches. In addition, all guidelines advise that high-risk individuals begin screening before age 50, increase the frequency of screening, or both.

Only respondents who were 40 years of age or older were asked questions about blood stool testing and proctoscopic exams in the 1999 study. This topic was not included in the 2000 Nebraska BRFSS.

## BLOOD STOOL TESTING

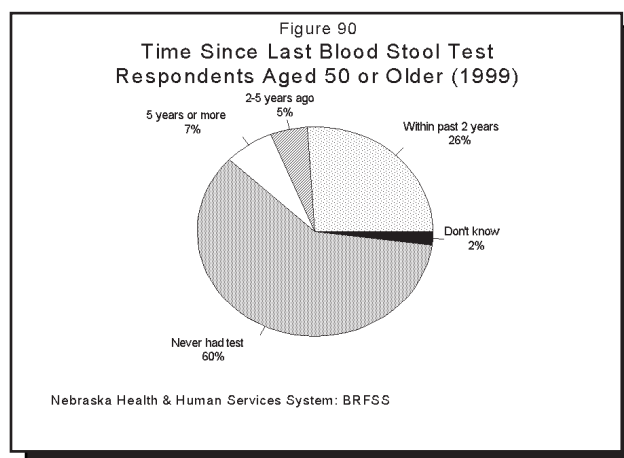
### Definitions

Ever had a blood stool test: "Yes" to the question, "A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?"

Ever had a sigmoidoscopic/proctoscopic exam: "Yes" to the question, "A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam?"

### Current Prevalence

Of all respondents aged 50 and older, only 40 percent reported ever having a blood stool test, using a home kit. Of all Nebraska respondents in this age group, only 26 percent stated they had this test done within the past two years (Figure 90). In the 1997 Nebraska BRFSS, 24 percent reported having a blood stool test performed within the two years prior to the study.



An additional 5 percent of respondents in the current study had a blood stool test between 2 and 5 years ago while, for 7 percent of respondents aged 50 and over, it had been five years or more since they last had this screening done.

### Who Has Received Screening in the Past Two Years?

Women (29 percent) were somewhat more likely than men (24 percent) to say they had a blood stool test in the preceding two years.

Only 17 percent of respondents in the 50-to-54 age bracket stated they had used a home kit to test for blood in the stools in the last two years (Table 46). Older respondents were more likely to report having this screening, with nearly one-fourth (23 percent) of those aged 55 to 64 and one-third (33 percent) of those aged 65 to 74 saying they had this testing done within the stated time period.



**Table 46**

Respondents Who Had a Blood Stool Test  
In the Past Two Years  
1999

<b>Age</b>	<b>%</b>
50 – 54	17
55 – 64	23
65 – 74	33
75 +	30
<b>Education</b>	<b>%</b>
Less than HS	20
HS Grad/GED	25
Some College/Tech	33
College Grad	28
<b>Income</b>	<b>%</b>
< \$20,000	24
\$20,000 - \$34,999	27
\$35,000 - \$49,999	27
\$50,000 +	29

Nebraska Health & Human Services System: BRFSS

Respondents in this age group who lived in urban counties (30 percent) were more likely than their counterparts in rural counties in Nebraska (24 percent) to report using a blood stool home test kit in the last two years.

Among respondents aged 50 or older, prevalence of blood stool testing was higher among persons with more education. Only 20 percent of people with less than a high school education had this screening done in the past two years, compared to 28 percent of respondents with college degrees.

A similar trend was apparent by household income of respondents. Persons with higher incomes were a little more likely than those with annual incomes under \$20,000 to say they had a blood stool test within the two years prior to the survey.

### Nebraska 2010 Objectives

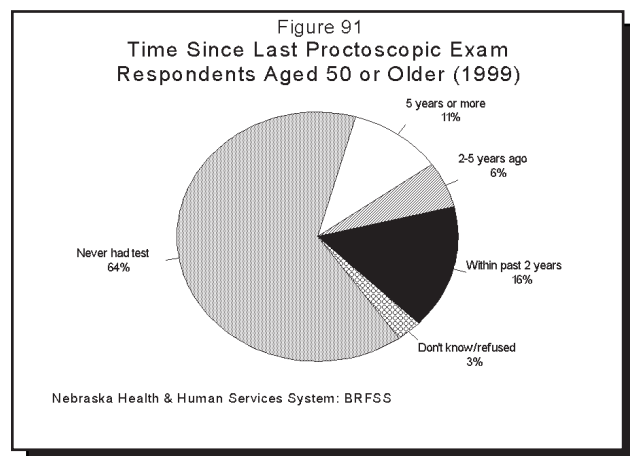
<b>Objective</b>	<b>Nebraska 2010 Target</b>	<b>Nebraska BRFSS 1999</b>	<b>US BRFSS 2000</b>	<b>US 2010 Target</b>
Percent of adults aged 50+ who had fecal occult blood test in past two years	50%	26%	NA	50%

## PROCTOSCOPIC EXAMS

### Current Prevalence

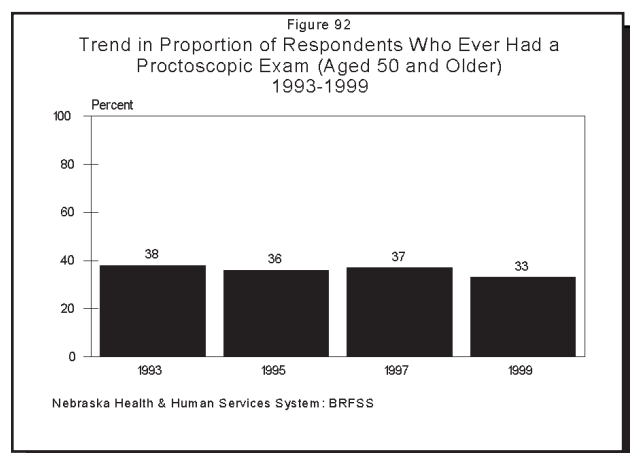
Only 33 percent of persons aged 50 and over responding to the 1999 Nebraska BRFSS reported ever having a sigmoidoscopy or proctoscopic examination. The majority of respondents in this age group (64 percent) said they had never had this kind of test, while 3 percent didn't know or refused to answer the question.

Sixteen percent of all adults 50 and older had their last sigmoidoscopy or proctoscopic exam within the past two years (Figure 91). Six percent reported last having this exam between two and five years ago, while 11 percent said it had been five years or more since they had an exam of this type.



### Trend over Time

Since 1993 (when data were first collected), there has been a decrease in the proportion of people aged 50 and older in Nebraska who reported ever having this exam (Figure 92). Prevalence ranged between 36 and 38 percent in the three previous studies, compared to 33 percent in 1999.



### Who Has Received Screening?

Men and women (33 percent each) were about equally likely to say they ever had a proctoscopic examination.

The proportion of respondents who ever had this exam increased with advancing age (Table 47). Among those aged 50 to 54, only about one-fourth (24 percent) reported having this screening done. This proportion increased to 35 percent among respondents aged 65 to 74 and to 40 percent of those aged 75 and older.

**Table 47**

Respondents Who Ever Had  
A Proctoscopic Exam  
(Aged 50 +)  
1999

<u>Age</u>	<u>%</u>
50 – 54	24
55 – 64	30
65 – 74	35
75 +	40

<u>Education</u>	<u>%</u>
Less than HS	30
HS Grad/GED	32
Some College/Tech	35
College Grad	35

<u>Income</u>	<u>%</u>
< \$20,000	34
\$20,000 - \$34,999	37
\$35,000 - \$49,999	32
\$50,000 +	34

Nebraska Health & Human Services System: BRFSS.

Equal proportions of residents aged 50 and over from urban and rural counties (33 percent each) said they had at some time had a sigmoidoscopy or proctoscopic exam.

Persons with less than a high school education (30 percent) were a little less likely than persons with more education to report ever having a proctoscopic examination (Table 47). Among high school graduates, 32 percent had this screening performed, while 35 percent of persons with college or technical training stated they ever had this exam.

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No trends were apparent by annual household income of respondents.

Nebraska 2010 Objectives				
Objective	Nebraska 2010 Target	Nebraska BRFSS 1999	US BRFSS 2000	US 2010 Target
Percent of adults aged 50+ who ever had sigmoidoscopy	50%	33%	NA	50%

# WOMEN'S HEALTH

Breast cancer is the most commonly occurring cancer among women in the United States. According to the National Cancer Institute, one in every eight women will develop breast cancer by age 85 although the risk is considerably lower at younger ages. Breast cancer is also the most frequently diagnosed cancer and the second leading cause of cancer deaths among women in Nebraska.

Mammography has dramatically increased the rate of early breast cancer detection and improved the chances that it can be successfully treated. A recent study conducted by the American Cancer Society shows that women who get regular mammograms may reduce their risk of dying from breast cancer by more than 60 percent.

The American Cancer Society recommends that women aged 40 and older have an annual mammogram, an annual clinical breast examination by a health care professional, and perform monthly breast self-examinations. Younger women (aged 20 to 39) should have a clinical breast exam every three years and should also perform monthly breast self-examinations.

## EVER HAD A MAMMOGRAM

### Definition

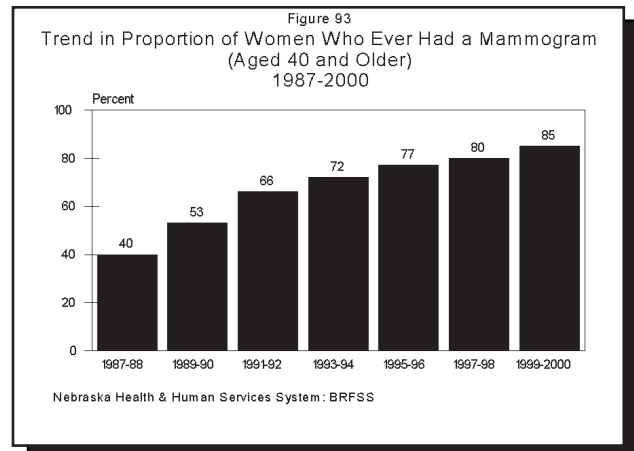
Women in the survey were read a statement describing a mammogram as "an x-ray of each breast to look for breast cancer." They were then asked if they had ever had a mammogram.

### Current Prevalence

The majority of women aged 40 and older in the 1999-2000 survey (85 percent) reported ever having a mammogram. However, 15 percent were at risk because they never had this recommended screening.

### Trend over Time

The proportion of Nebraska women aged 40 or older who ever had a mammogram has more than doubled since 1987-1988 when only 40 percent said they ever had this screening performed (Figure 93).



## Who Has Received Screening?

Although the majority of women in all age groups 40 and older reported ever having a mammogram, women aged 50 to 69 were more likely than either younger or older women to have had this screening (Table 48). An average of 88 percent of 50- to 69-year-olds had this test, compared to 81 percent of women aged 40 to 49 and 76 percent of those 70 and older.

**Table 48**

Women Who Have Ever Had a Mammogram  
(Aged 40+)  
1999-2000

Age	%
40 – 49	81
50 – 59	90
60 – 69	86
70 +	76

Education	%
Less Than HS	71
HS Grad/GED	84
Some College/Tech	87
College Grad	91

Income	%
< \$20,000	75
\$20,000 - \$34,999	85
\$35,000 - \$49,999	85
\$50,000 +	93

Nebraska Health & Human Services System: BRFSS

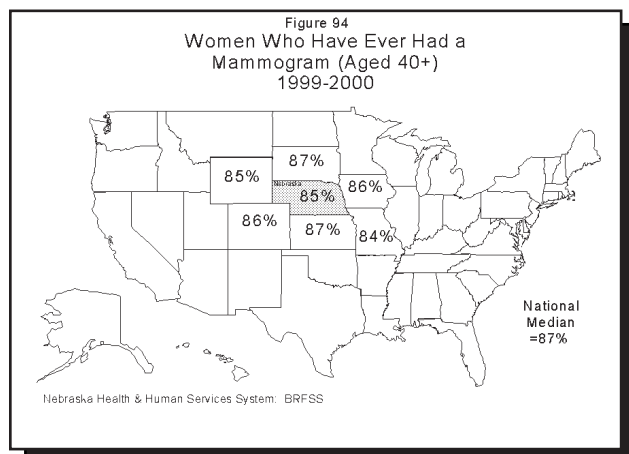
Urban women aged 40 and older (90 percent) were more likely than their counterparts in rural counties of Nebraska (82 percent) to report ever having a mammogram.

The proportion of women aged 40 and older who had this screening increased with increasing levels of education (Table 48). Among women who had not finished high school, less than three-fourths (71 percent) ever had a mammogram. Among high school graduates, 84 percent reported having this exam, compared to 91 percent of college graduates aged 40 and older.

A similar pattern is evident when respondents are categorized by annual household income. Women with household incomes under \$20,000 per year were least likely to have ever had a mammogram (75 percent), while 93 percent of those with incomes of \$50,000 or more annually said they had a mammogram at one time or another.

### Nebraska and the Nation

The proportion of women aged 40 and older who indicated in the 1999-2000 Nebraska BRFSS that they ever had a mammogram (85 percent) was slightly lower than the national median of 87 percent (Figure 94). Of the surrounding states, Kansas and South Dakota matched the national rate. Colorado and Iowa, with 86 percent each, were only slightly lower than the U.S. rate.



## HAD MAMMOGRAM IN PAST TWO YEARS

### Definition

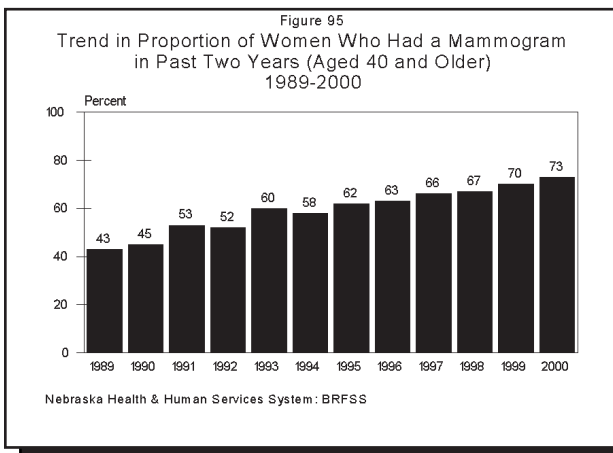
Women in this survey who were aged 40 years or older, ever had a mammogram, and reported having one within the past two years.

### Current Prevalence

In 1999-2000, seven out of ten women aged 40 or older (71 percent) had a mammogram during the past two years, with 59 percent reporting they last had a mammogram in the past 12 months.

### Trend over Time

The proportion of women in this age group has increased considerably since 1989, when data were first collected in the Nebraska BRFSS (Figure 95). In 1989, only 43 percent of women aged 40 and older had a mammogram in the previous two years. By 2000, nearly three-fourths (73 percent) indicated they had this screening in the last two years.



### Who Has Received Screening?

Two-thirds of female respondents aged 40 to 49 (68 percent) had a mammogram in the past two years (Table 49). Among women in their fifties, 82 percent reported they had this exam in the preceding two years. Only 61 of women aged 70 and older had received this screenings in the specified time period.

**Table 49**

Women Who Had a Mammogram in the Past  
Two Years  
(Aged 40+)  
1999-2000

<b>Age</b>	<b>%</b>
40 – 49	68
50 – 59	82
60 – 69	76
70 +	61
<b>Education</b>	<b>%</b>
Less Than HS	53
HS Grad/GED	75
Some College/Tech	71
College Grad	82
<b>Income</b>	<b>%</b>
< \$20,000	60
\$20,000 - \$34,999	73
\$35,000 - \$49,999	74
\$50,000 +	86

Nebraska Health & Human Services System: BRFSS

Women aged 40 and older in urban Nebraska counties (78 percent) were more likely than those in rural counties (66 percent) to indicate that they had a mammogram within the last two years.

Among women who had not finished high school, only about one-half (53 percent) reported having a mammogram during the two years preceding the study. Prevalence

of these screenings was much higher among respondents who had more education. Among high school graduates, three-fourths (75 percent) had a mammogram during the targeted time period, as did 82 percent of women who had graduated from college.

Similarly, the proportion of women who had a mammogram in the past two years increased with increasing household incomes. Among women with annual incomes under \$20,000, only 60 percent indicated they had this exam. In comparison, the proportion of women with incomes of \$50,000 or more who reported a mammogram in the last two years was 86 percent.

### Nebraska 2010 Objectives

<b>Objective</b>	<b>Nebraska 2010 Target</b>	<b>Nebraska BRFSS 1999-2000</b>	<b>US BRFSS 1999-2000</b>	<b>US 2010 Target</b>
Percent of women aged 40+ who had a mammogram in the past two years	75%	71%	NA	70%



## CLINICAL BREAST EXAMS

### Definition

Women in this survey were read the following description of a clinical breast exam: "During this exam, the breast is felt for lumps for a doctor, nurse, or other medical professional." They were then asked if they had ever had a clinical breast exam.

### Current Prevalence

Nine out of ten women aged 18 and older in the 1999-2000 Nebraska BRFSS (89 percent) said they had some time had a clinical breast examination (CBE). Nine of every ten women surveyed in Nebraska (90 percent) reported having a clinical breast exam in the past two years. In fact, 78 percent said they had this exam in the last 12 months.

### Who's Received Screening?

Women aged 45 to 54 years (98 percent) were more likely than older and younger women to say they had a clinical breast exam at any time (Table 50). Among young women aged 18 to 24 years, only 76 percent ever had this exam. A similar proportion of elderly women aged 75 and older (79 percent) reported ever having a CBE.

**Table 50**

Women Who Have Ever Had a Clinical Breast Exam  
(Aged 18+)  
1999-2000

<u>Age</u>	<u>%</u>
18 – 24	76
25 – 34	90
35 – 44	93
45 – 54	98
55 – 64	93
65 – 74	87
75 +	79

<u>Education</u>	<u>%</u>
Less Than HS	68
HS Grad/GED	88
Some College/Tech	92
College Grad	94

<u>Income</u>	<u>%</u>
< \$20,000	81
\$20,000 - \$34,999	89
\$35,000 - \$49,999	95
\$50,000 +	98

Nebraska Health & Human Services System: BRFSS

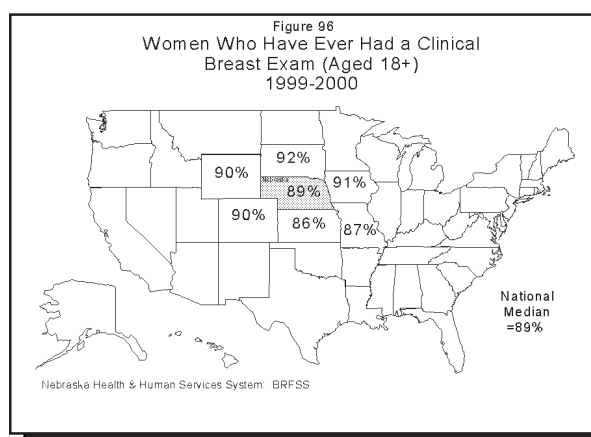
Women living in rural counties in Nebraska (88 percent) were nearly as likely as those living in urban areas (90 percent) to have had a clinical breast examination.

Women with more education were more likely than were those with less education to say they had at some time had a CBE (Table 50). Only 68 percent of women with less than a high school education ever had this exam, compared to 88 percent of high school graduates. Among those respondents who had gone on to college or technical training (92 percent) or had gotten a college degree (94 percent), the proportion that had ever had a CBE was even higher.

A similar trend is identified by household income of respondents. A much smaller percentage of women with incomes under \$20,000 per year (81 percent) ever had this exam, compared to higher income women. Among women whose household incomes were \$50,000 or more, 98 percent reported having a clinical breast exam at some time in their lives.

### Nebraska and the Nation

In 1999-2000, the proportion of Nebraska women aged 18 years and older who ever had a clinical breast exam (89 percent) ranked at the national median of 89 percent (Figure 96 on pg. 87). CBE rates in the six surrounding states were similar, ranging from 86 percent in Kansas to 92 percent in South Dakota.



## PAP TESTS

Pap tests are used to detect cervical cancer in women. Early cervical pre-cancers or cancer often have no signs or symptoms, so it is important for women to have regular Pap tests. The American Cancer Society recommends that women who are, or have been, sexually active or who have reached 18 years of age should have a Pap test performed annually along with a pelvic exam. Women who have had a hysterectomy or who have passed menopause still need to have regular Pap tests. After three or more consecutive annual exams with normal results, the Pap test may be performed less frequently at the discretion of the physician.

### Definition

Female respondents were read this description of a Pap smear: "A Pap smear is a test for cancer of the cervix." They were then asked if they had "ever had a Pap smear."

In previous Nebraska BRFSS reports, respondents included only females who had not had a hysterectomy. The current study includes all females aged 18 and older, so prevalence estimates may differ from those reported previously.

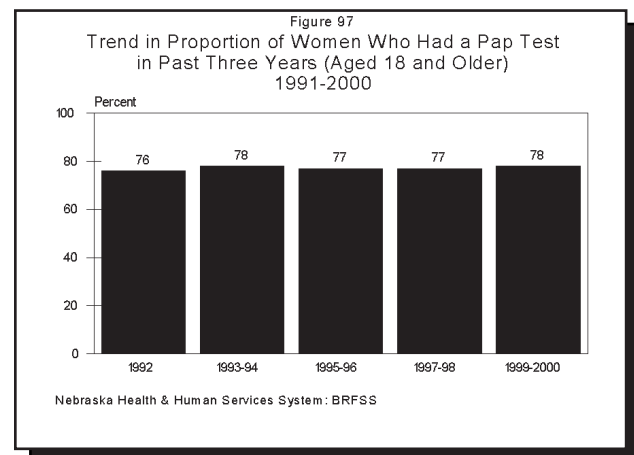
### Current Prevalence

Among women aged 18 and older (both those with and those without a uterine cervix), 90 percent reported having a Pap smear at some time in their lives. However, 6 percent said they had never had this test.

Most women participating in the 1999-2000 BRFSS also reported that they had this test performed within the past three years (78 percent of all women).

### Trend over Time

The proportion of women who had a Pap smear in the past three years has changed little since 1992 (Figure 97). The proportion of women who reported having this test during the specified time period ranged between 76 and 78 percent throughout this period.



### Who Has Received Screening?

The proportion of women who reported having this test in the past three years generally decreased with advancing age of respondent, except for women in the youngest age group (Table 51). The proportion of women aged 18 to 24 who had a Pap test in the last three years was 74 percent, compared to 91 percent of women in the next age bracket (25 to 34 years). Prevalence generally decreased with age from this high to a low of 49 percent among elderly women age 75 years and older.

**Table 51**

Women Who Had a Pap Test  
In the Past Three Years  
(Aged 18+)  
1999-2000

Age	%
18 – 24	74
25 – 34	91
35 – 44	83
45 – 54	86
55 – 64	79
65 – 74	67
75 +	49

Education	%
Less Than HS	54
HS Grad/GED	73
Some College/Tech	83
College Grad	86

<b><u>Income</u></b>	<b><u>%</u></b>
< \$20,000	67
\$20,000 - \$34,999	79
\$35,000 - \$49,999	87
\$50,000 +	91

Nebraska Health & Human Services System: BRFSS

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The proportion of women from rural counties in Nebraska who said they had a Pap smear in the past three years (75 percent) was smaller than the proportion of women from urban counties who had this test (81 percent).

Only 54 percent of women with less than a high school education stated they had a Pap test done within this time period (Table 51). They were less likely than those with a high school diploma (73 percent) or a college degree (86 percent) to have had this exam during the past three years.

Women with annual household incomes of less than \$20,000 (67 percent) were less likely than those in higher income brackets to report having a Pap test in the last three years. Among respondents with incomes of \$50,000 or more per year, 91 percent had this screening done within the past three years.

<b>Nebraska 2010 Objectives</b>				
<b><u>Objective</u></b>	<b><u>Nebraska 2010 Target</u></b>	<b><u>Nebraska BRFSS 1999-2000</u></b>	<b><u>US BRFSS 1999-2000</u></b>	<b><u>US 2010 Target</u></b>
Percent of women aged 18+ who ever had a Pap test	98%	90%	NA	97%
Percent of women aged 18+ who had a Pap test in the past three years	90%	78%	NA	90%

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# FAMILY PLANNING

Unplanned pregnancy rates in the United States have declined in recent years. Still, about one-half of all pregnancies nationwide are currently unintended. (Unintended pregnancies are those not wanted at the time of conception or not wanted at all).

Consequences of an unintended pregnancy can be serious and costly. Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Medically, an unintended pregnancy is serious in terms of a lost opportunity to prepare for a healthy pregnancy, an increased chance of infant and maternal illness, and the possibility of abortion.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first three months of pregnancy and is more likely not to obtain prenatal care at all. She is also less likely to breastfeed and more likely to expose the unborn child to harmful substances by smoking or consuming alcohol.

For teenagers who have an unintended pregnancy, the problems are well-documented. Teenaged mothers are less likely to get or stay married and less likely to complete high school or college. They are also more likely to require public assistance and to live in poverty than their peers who are not mothers. The infants born to teen mothers, especially those under age 15 years, are more likely to have low birth weight and are at greater risk of neonatal death and sudden infant death syndrome (SIDS). These babies may also be at greater risk of child abuse and neglect, as well as educational and behavioral problems later on in life.

Family planning services provide opportunities for individuals to receive medical advice in controlling if and when pregnancy occurs and for health care providers to offer health education and related medical care.

## UNINTENDED PREGNANCY

### Definition:

Women aged 18 to 44 who had been pregnant in the last 5 years were asked, "Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? Would you say: You wanted to be pregnant sooner? You wanted to be pregnant later? You wanted to be pregnant then? You didn't want to be pregnant then or at anytime in the future? You don't know?"

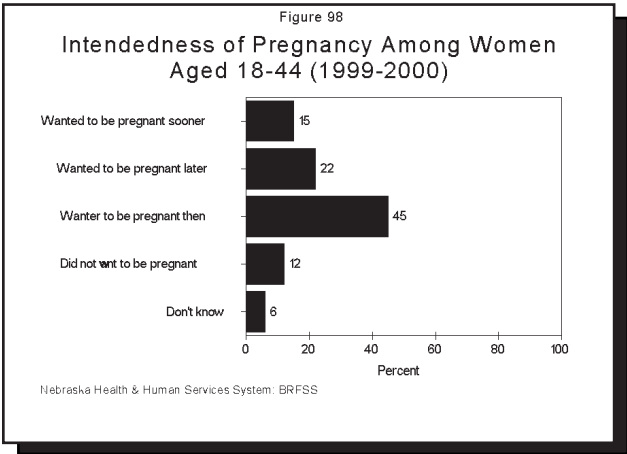
Women aged 18 to 44 who were pregnant at the time of the survey were asked, "Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? Would you say: You wanted to be pregnant sooner? You wanted to be pregnant later? You wanted to be pregnant then? You didn't want to be pregnant then or at any time in the future? You don't know?"

Women who said they wanted to be pregnant later or didn't want to be pregnant then or at any time in the future were classified as having an unintended pregnancy.

### Current Prevalence

In 1999-2000, Nebraska women aged 18 to 44 who were currently pregnant or had been pregnant within the past five years were asked how they felt about becoming pregnant just before their last or current pregnancy. Only 14 percent of respondents to this question were currently pregnant, while 86 percent were answering the question based on a pregnancy occurring during the last five years.

Overall, 45 percent of the respondents said they wanted to be pregnant at that time (Figure 98 on pg. 90), while 15 percent stated that they had hoped to be pregnant sooner.

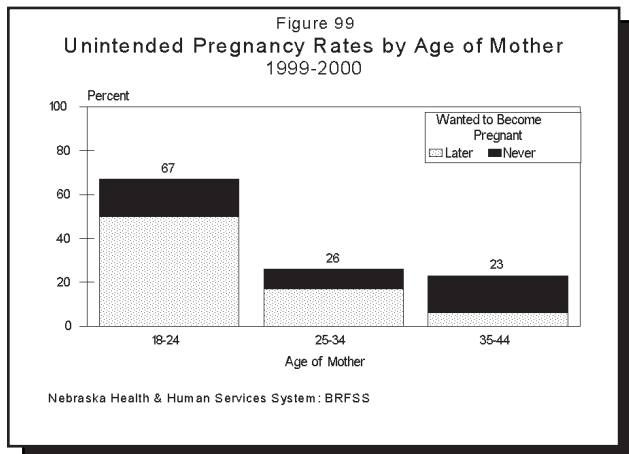


When responses are categorized by current age group of the mother, some differences are identified (Table 52). Please keep in mind that some of the mothers responding may have been as much as five years younger when they experienced the pregnancy to which they are referring. Only about one-fourth (25 percent) of the youngest mothers (currently age 18 to 24) said they wanted to become pregnant when they did. Older mothers were about twice as likely to report wanting to be pregnant at that time (53 percent of mothers aged 25 to 34 and 46 percent of those aged 35 to 44).

More than one-fifth of the women surveyed (22 percent) would have preferred to be pregnant at a later time. Twelve percent said they did not want to be pregnant then or at any time in the future. Thus, one-third of these women (34 percent) could be considered to have had an unintended pregnancy. Six percent of women were unsure how they felt about becoming pregnant at that time.

<b>Table 52</b> Intendedness of Pregnancy Among Women 18-44 By Age Group (1999-2000)			
	Age of Mother Now .....		
	<u>18 – 24 (%)</u>	<u>25 – 34 (%)</u>	<u>35 – 44 (%)</u>
Wanted to be pregnant sooner	5	15	22
Wanted to be pregnant then	25	53	46
Wanted to be pregnant later	50	17	6
Did not want to be pregnant	17	9	17
Unintended pregnancy rate (%)	67	26	23
Don't know	4	6	8
Nebraska Health & Human Services System: BRFSS			

Only 5 percent of the youngest mothers said they wanted to be pregnant sooner than they were. However, one-half (50 percent) reported that they would have preferred to become pregnant later and 17 percent stated that, just before they became pregnant, they did not want to be pregnant then or at any time in the future. Thus, two-thirds of these young mothers (currently aged 18 to 24) indicated that their last or current pregnancy was unintended (Figure 99).



Among the two older age groups of mothers, only about one-fourth reported that their last or current pregnancy was unintended. Seventeen percent of mothers aged 25 to 34 said they would have preferred becoming pregnant at a later time and 9 percent did not want to be pregnant then or in the future (i.e., a 26 percent unintended pregnancy rate). Only 6 percent of mothers aged 35 to 44 stated they wanted to be pregnant later and 17 percent did not wish to become pregnant then or ever—a 23 percent unintended pregnancy rate.

The proportion of women from urban counties in Nebraska who said they wanted to be pregnant later or did not want to become pregnant at all (36 percent) was a little higher than the proportion of women from rural counties (33 percent). (Table 53).

**Table 53**  
Unintended Pregnancy Rate  
Women Aged 18 - 44  
1999-2000

<u>Place of Residence</u>	<u>%</u>
Urban	36
Rural	33
<u>Education</u>	<u>%</u>
Less Than HS	45
HS Grad/GED	39
Some College/Tech	40
College Grad	20
<u>Income</u>	<u>%</u>
< \$20,000	47
\$20,000 - \$34,999	41
\$35,000 - \$49,999	25
\$50,000 +	23

Nebraska Health & Human Services System: BRFSS

Women who had not graduated from high school (45 percent) were more than twice as likely as college graduates (20 percent) to say their current or last pregnancy was unintended. However, high school graduates (39 percent) and women who had some college or technical training (40 percent) were nearly as likely as those who had not finished high school to report that this pregnancy was unintended.

More than 40 percent of women with annual household incomes of less than \$35,000 indicated that their last or current pregnancy was unintended. In comparison, only about one-fourth of women with incomes of \$35,000 per year or higher said this pregnancy was not unintended.



## Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999-2000	US BRFSS 1999-2000	US 2010 Target
Percent of pregnancies that are intended (women aged 18-44)	80%	66%	NA	70%

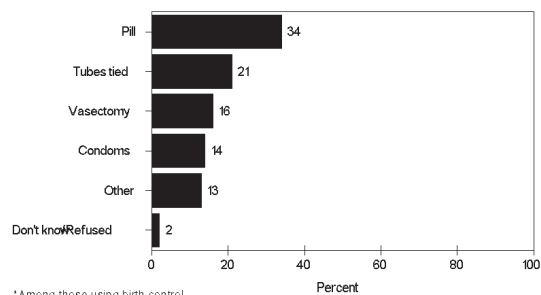
### Birth Control Use and Methods

Women aged 18 to 44 in the 1999-2000 BRFSS were asked whether or not they or their partner were using any kind of birth control at the time of the survey. Birth control was defined for them as “having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant.”

Nearly six of every ten women in this age group (58 percent) said they were currently using a form of birth control, while 17 percent reported that they were not sexually active (Table 54). Five percent were not using a birth control method, because they were attempting to become pregnant. Nine percent of these women didn’t know if they were using birth control or did not answer the question. Overall, 11 percent of the women asked this question were not using birth control for various other reasons and were at risk for unintended pregnancy.

Of the women who reported that they or their partner were currently using birth control, the greatest proportion indicated that had chosen a permanent method (37 percent): 21 percent of women said they had their tubes tied and 16 percent stated their partner had a vasectomy (Figure 100). “The pill” was the method of choice for 34 percent of women. Fourteen percent of respondents reported using condoms to prevent pregnancy.

Figure 100  
Type of Birth Control Used  
Women Aged 18-44\* (1999-2000)



\*Among those using birth control.  
Nebraska Health & Human Services System: BRFSS

**Table 54**  
Use of Birth Control  
Women Age 18-44  
1999-2000

	%
Using birth control	58
Not sexually active	17
Not using birth control because wish to become pregnant	5
Not using birth control and at risk for unintended pregnancy	11
Don't know if using birth control or did not answer	9

Nebraska Health & Human Services System: BRFSS

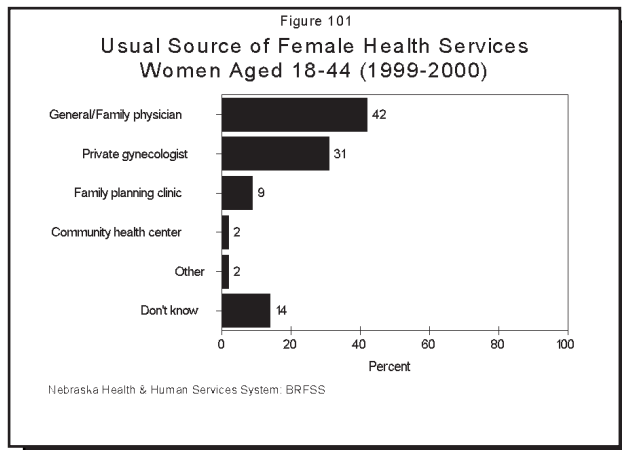
Women aged 18 to 24 (56 percent) were more likely than older women to use “the pill,” although this was also the most popular method among women aged 25 to 34 as well (42 percent). Among women 35 to 44 years of age, only 17 percent reported using this method (Table 55). On the other hand, women aged 35 to 44 were more likely than younger women to have opted for a permanent method. Nearly one-third of them (31 percent) said they had their tubes tied and 27 percent reported their partner had a vasectomy.

Condoms were more widely used among 18- to 24-year-olds (21 percent) than among older women and their partners, where 12 to 13 percent used this method. Thirteen percent of women in the youngest age bracket indicated that they used “shots” (Depo-Provera) as their means of birth control.

### Source of Female Health Services

Women aged 18 to 44 in the 1999-2000 BRFSS were asked, “Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?”

The great majority of respondents said they usually went to their general or family physician (42 percent) or saw a private gynecologist (31 percent) for these services (Figure 101). Nine percent stated that their usual source of care for female health concerns is a family planning clinic.



When asked specifically if they had ever used a family planning clinic, an additional 28 percent of the total said they had. Thus, a total of 37 percent of women aged 18 to 44 either currently used a family planning clinic as a usual source of care or have used such a facility in the past.

Among women who currently or have ever used a family planning clinic, more than half (54 percent) said it had been five or more years since their last visit (Table 56). More than one-fourth (28 percent) used this kind of clinic within the past year.

**Table 56**

Length of Time Since Women  
Last Used Family Planning Clinic  
Aged 18-44  
1999-2000

	(%)
Last 12 months	28
1 – 2 years	8
2 – 5 years	8
5 + years	54
Don't know	2

Nebraska Health & Human Services System: BRFSS

**Table 55**

Type of Birth Control Used  
Women Age 18-44  
1999-2000

Type of Birth Control	Age of Respondent .....		
	18 – 24 (%)	25 – 34 (%)	35 – 44 (%)
Pill	56	42	17
Tubes tied	<1	21	31
Vasectomy	0	13	27
Condoms	21	13	12
Shots (Depo-Provera)	13	3	3
Other	10	6	7
Don't know	0	2	3

Nebraska Health & Human Services System: BRFSS

# HIV/AIDS

AIDS (acquired immunodeficiency syndrome) is a chronic, life-threatening condition caused by the human immunodeficiency virus (HIV). By damaging or destroying the cells of a person's immune system, HIV interferes with the body's ability to effectively fight off bacteria, viruses, and fungi that cause disease. This makes the person more susceptible to opportunistic infections that their body would normally be able to resist.

HIV/AIDS has been reported in virtually every age and socioeconomic group, every racial and ethnic population, every state and in most large cities in the United States. By the end of December 2000, nearly 775,000 cases of AIDS had been reported nationwide and more than 448,000 people had died from HIV or AIDS.

In Nebraska, a cumulative total of 1,092 AIDS cases have been reported through the end of the year 2000. More than half (55 percent) of all persons in the state who were diagnosed with AIDS since 1983 have died.

The number of persons living with HIV/AIDS has increased as powerful new combination drug therapies were developed and deaths from the disease declined. However, these improvements in the treatments available may have led to a sense of false security regarding the ability of these new treatment regimens to control the disease. Recent reports suggest that a resurgence in risk behaviors, along with increasing rates of infection, is occurring among some populations in the United States. Controlling the HIV/AIDS epidemic will continue to require sustained prevention efforts, particularly among population groups at highest risk for infection.

## Definitions

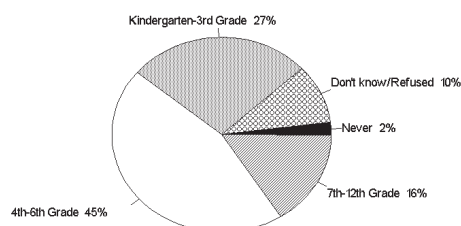
BRFSS respondents aged 18 through 64 years were asked a series of questions dealing with their attitudes and practices regarding issues related to HIV/AIDS.

## AIDS Education

Respondents to the 1999-2000 BRFSS were asked, "If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?"

Nearly three-fourths (72 percent) thought that children should begin learning about HIV/AIDS by the end of sixth grade (Figure 102). A substantial proportion (27 percent) felt that education on this topic should begin even earlier—by the end of third grade. One in ten respondents (10 percent) did not know or refused to state when children should start learning about this disease.

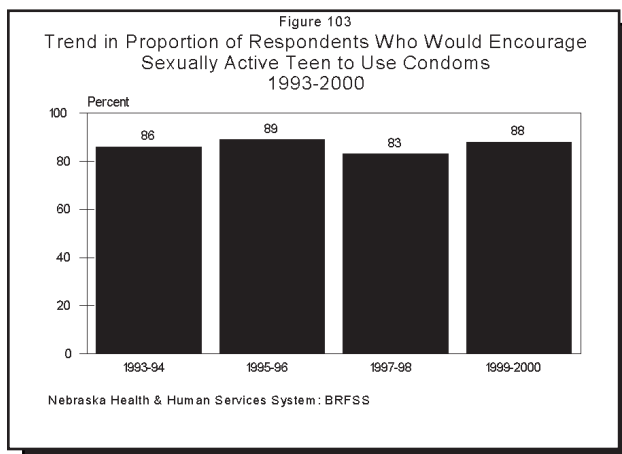
Figure 102  
Grade in School to Begin HIV/AIDS Education  
1999-2000



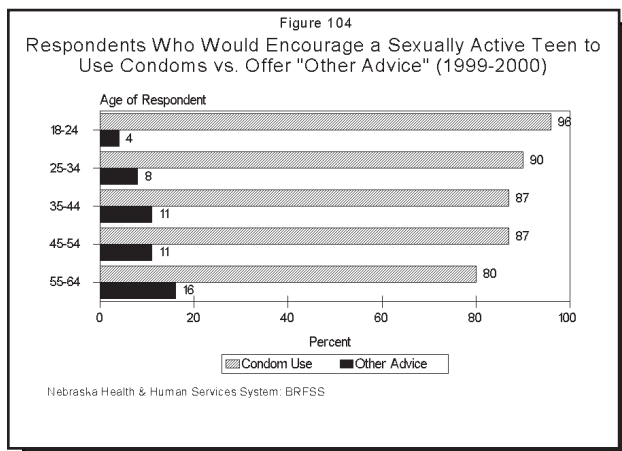
Nebraska Health & Human Services System: BRFSS

## Encourage Condom Use Among Sexually Active Teenagers

The majority of adults aged 18 through 64 (88 percent) stated that, if they had a sexually active teenager, they would encourage him or her to use a condom. This proportion represents an increase from the previous study (83 percent in 1997-1998), but is about even with results from the 1993-1994 and 1995-1996 studies when 86 percent and 89 percent, respectively, said they would recommend condom use (Figure 103 on pg. 95).



The proportion of respondents who would encourage this practice for sexually active adolescents was highest among young adults (Figure 104). Among 18- to 24-year-olds, 96 percent indicated support for this concept, as did 90 percent of respondents in the 25-to-34 age group. Respondents in the middle age groups (aged 35 to 54) were somewhat less likely to do so (87percent). Among those aged 55 to 64, 80 percent said they would recommend condom use in these situations.



These older respondents were much more likely than younger ones to say that would offer "other advice" to sexually active adolescents. Sixteen percent of adults aged 55 to 64 stated they would give "other advice," as did 11 percent of adults aged 35 to 54. The proportion who preferred to give other advice decreased with age of respondent, so that among 18- to 24-years-olds, only 4 percent would choose to make this kind of recommendation.

## PERCEIVED RISK OF GETTING INFECTED WITH HIV

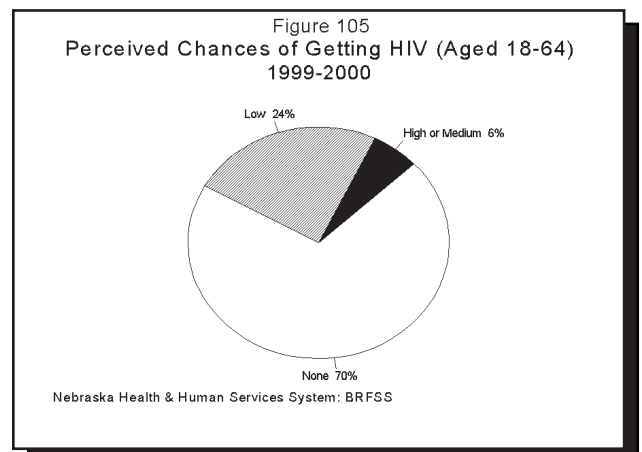
### Definitions

**At Risk:** Respondent reported his/her "chances of getting infected with HIV, the virus that causes AIDS" are "high" or "medium."

**Not at Risk:** Respondent reported his/her "chances of getting infected with HIV, the virus that causes AIDS" are "low" or "none."

### Current Prevalence

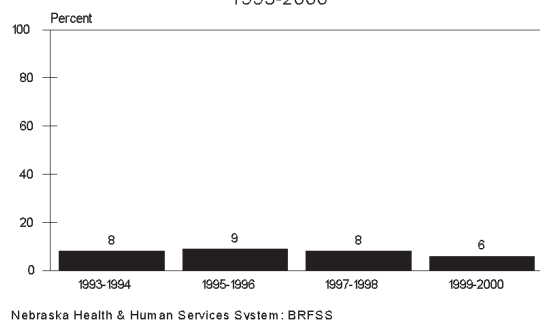
When asked to assess their chances of getting infected with HIV, 6 percent of respondents aged 18 to 64 years rated their risk as "high" or "medium" (Figure 105). About one-fourth (24 percent) stated that their chances of contracting HIV were "low." The greatest proportion of respondents (70 percent) said there was no chance of them getting infected with HIV.



### Trend over Time

Respondents' perceptions of their chances of becoming infected with HIV have decreased somewhat from previous studies, when 8 or 9 percent considered themselves at high or medium risk of infection (Figure 106 on pg. 96).

Figure 106  
Trend in Proportion of Respondents with "High" or "Medium"  
Perceived Chances of Getting HIV (Age 18-64)  
1993-2000



### Who's at Risk in Nebraska?

Men (7 percent) were a little more likely than women (5 percent) to report being at high or medium risk for getting this disease.

Similar proportions of urban (5 percent) and rural (6 percent) residents considered themselves at high or medium risk for contracting HIV.

Young adults were somewhat more likely than older respondents to assess themselves at high or medium risk for HIV (Table 57). Eight percent of respondents aged 18 to 24 placed themselves in these risk categories, compared to 7 percent of those aged 25 to 34. Among respondents aged 35 and older, 4 to 5 percent reported being at high or medium risk for HIV infection.

**Table 57**  
Perceived Chances of Getting HIV  
By Age of Respondent  
1999-2000

Age	Risk of Getting HIV (%) . . .			
	High	Medium	Low	None
18-24	2	6	32	60
25-34	1	6	29	64
35-44	1	4	24	71
45-54	1	3	19	77
55-64	1	4	14	81

Nebraska Health & Human Services System: BRFSS

The proportion of persons at high or medium risk for HIV was similar across educational

levels (Table 58). Persons with annual household incomes under \$20,000 (7 percent) were slightly more likely than those with incomes of \$50,000 or more per year (5 percent) to report being at high or medium risk of contracting HIV infection.

**Table 58**  
Perceived Chances of Getting HIV  
By Education and Income of Respondent  
1999-2000

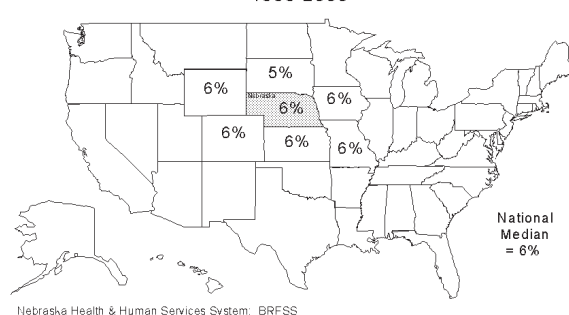
	Risk of Getting HIV (%) . . . .			
	High	Medium	Low	None
<b>Education</b>				
Less than HS	1	4	21	74
HS Grad/GED	2	4	20	74
Some College/				
Tech	1	6	27	66
College Grad	1	4	26	70
<b>Income</b>				
< \$20,000	2	5	30	63
\$20,000-\$34,999	1	5	24	70
\$35,000-\$49,999	2	4	25	69
\$50,000 or More	1	4	22	73

Nebraska Health & Human Services System: BRFSS

### Nebraska and the Nation

The proportion of adults in the 1999-2000 Nebraska BRFSS who consider themselves at "high" or "medium" risk for getting HIV (6 percent) is the same as the national median of 6 percent (Figure 107 on). All of the surrounding states except South Dakota (with 5 percent) had the same prevalence of high/medium risk as Nebraska and the nation.

Figure 107  
Respondents Who Believe Their Chances of  
Getting HIV Are "Medium" or "High"  
1999-2000





## Blood Testing for HIV/AIDS

About one-third of BRFSS respondents aged 18 to 64 years (34 percent) said their blood had been tested for HIV infection (excluding tests they may have had as part of blood donations). Less than one-third (30 percent) of those who ever had it tested had done so within the past 12 months.

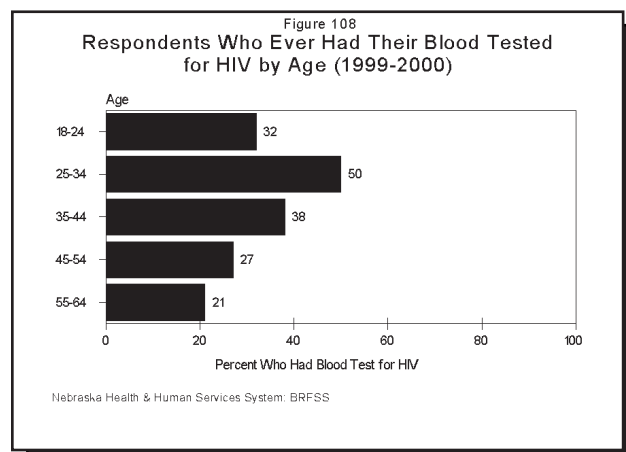
### Trend over Time

The proportion of respondents who stated that they ever had their blood tested for HIV infection changed very little over the last six years. About one-third reported having this testing done in the 1995-1996 (33 percent) and 1997-1998 (32 percent) studies.

### Who Has Been Tested?

Men (35 percent) and women (33 percent) were about equally likely to have had their blood tested for this infection.

One-half of young adults aged 25 to 34 (50 percent) had ever been tested for HIV (Figure 108). Among 35- to 44-year-olds, 38 percent reported being screened for infection with the virus, as did 32 percent of 18- to 24-year-olds. The proportion that had been tested was lower among respondents aged 45 and older.

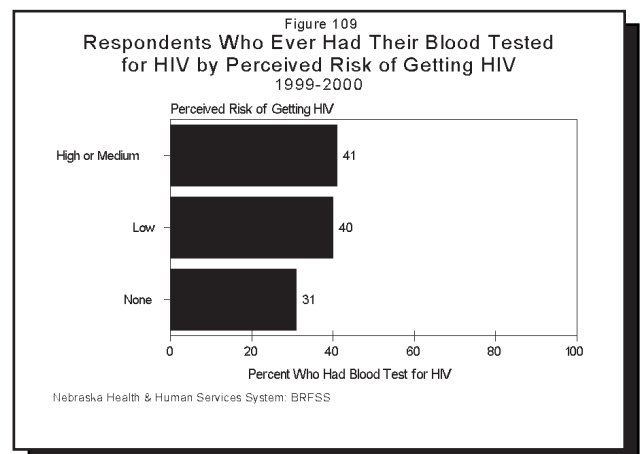


Residents of urban counties (39 percent) were much more likely than rural residents (29 percent) to say they had ever been tested for HIV infection.

The proportion of persons who had been tested for HIV also varied little by annual household income of respondents, except that those with incomes under \$20,000 per year (41 percent)

were more likely than those with higher incomes (about 35 percent) to report testing for HIV. No trends were apparent by the educational level of respondents.

The proportion of respondents who reported being tested for HIV was 41 percent among those who felt they were at “high” or “medium” risk of becoming infected with the virus (Figure 109). This figure is very near the percentage of persons who were at “low” risk of infection (40 percent). Among respondents who stated there was no risk of them becoming infected with HIV, 31 percent indicated they had ever been tested.



### Reasons for Testing

Reasons for having their blood tested for HIV infection varied (Table 59), but two-thirds of the respondents (68 percent) stated that the HIV blood test was done as a routine requirement of some kind. They frequently said that it was performed as part of a pregnancy exam, a routine checkup, or as part of the application for life insurance. Others mentioned that this test had been done for induction into the military, as preparation for hospitalization or a surgical procedure, or when applying for health insurance.

One-fourth of the respondents who had been tested (25 percent) cited reasons that may indicate that the respondent felt he or she was at increased risk for contracting HIV. Sixteen percent had their blood tested “for my own information,” while 4 percent had the test because they had been exposed to the virus through their occupation.



**Table 59**

Main Reason for Most Recent  
HIV Blood Test  
1999-2000

<b>Reason</b>	<b>(%)</b>
Pregnancy	6
Routine checkup	13
Life insurance	10
Military	9
Hospital/surgical procedure	7
Health insurance	6
Employment	5
Blood donation	1
Marriage	<1
Immigration	<1
<b>ROUTINE REASONS</b>	<b>68</b>
For my own information	16
Occupational exposure	4
Illness	3
HIV risk	1
Referral by physician	<1
Referral by sex partner	<1
<b>PERCEIVED RISK REASONS</b>	<b>25</b>
Other	6
Don't know	<1
Refused	<1
<b>OTHER REASONS</b>	<b>7</b>

Nebraska Health & Human Services System: BRFSS

When asked where they had their last test for HIV, 40 percent of respondents said a private physician or HMO (Table 60) did the testing. Fifteen percent reported being tested for HIV at the hospital. Other sites frequently mentioned include: military site (10 percent); home visits by a nurse or health worker (6 percent); and insurance company clinics (5 percent).

**Table 60**

Site of Most Recent  
HIV Blood Test  
1999-2000

<b>Site</b>	<b>(%)</b>
Physician/HMO	40
Hospital	15
Military Site	10
Home Visit	6
Insurance Company Clinic	5
Health Department	3
Family Planning Clinic	3
Employer's Clinic	3
Community Health Clinic	3
AIDS Clinic	2
Self-test Kit	2
Prenatal Clinic/OB's Office	2
Other Public Clinic	1
Other	5
Don't Know/Refused	<1

Nebraska Health & Human Services System: BRFSS.

Among those ever tested for HIV infection, eight out of ten (81 percent) indicated that they had received their test results. Of those who had, however, only about one-third (32 percent) said they had received any counseling or talked with a health professional about the results of the test.

# IMMUNIZATIONS

Immunizations against influenza and pneumococcal disease can prevent serious illness and death. Pneumonia and influenza deaths together constitute the sixth leading cause of death in the United States. In Nebraska, there were 35 deaths due to influenza and 398 deaths due to pneumonia in 2000.

Recommended immunizations for adults aged 65 and older include a yearly immunization against influenza (i.e., a “flu shot”) and a one-time immunization against pneumococcal disease. Most of the deaths and serious illnesses caused by influenza and pneumococcal disease occur in older adults and others at increased risk for complications (such as persons with chronic lung disease, heart disease or diabetes).

## INFLUENZA

### Definition

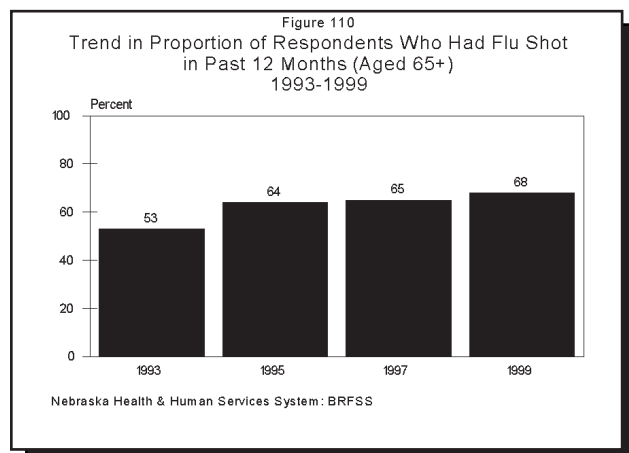
**At Risk:** Among persons 65 years and older, “No” to the question “During the past 12 months, have you had a flu shot?”

### Current Prevalence

In 1999, two-thirds (68 percent) of Nebraska BRFSS respondents aged 65 and older reported having a “flu shot” within the past 12 months, while 30 percent said they had not been vaccinated for influenza during that period.

### Trend over Time

Although the proportion of respondents who had flu shots in the past 12 months was up substantially in 1995 (64 percent) from the 1993 study (53 percent), prevalence has increased more gradually since then (Figure 110).



### Who Has Been Vaccinated in Nebraska?

Overall, men (68 percent) and women (67 percent) were about equally likely to say they had received a flu shot in the past year.

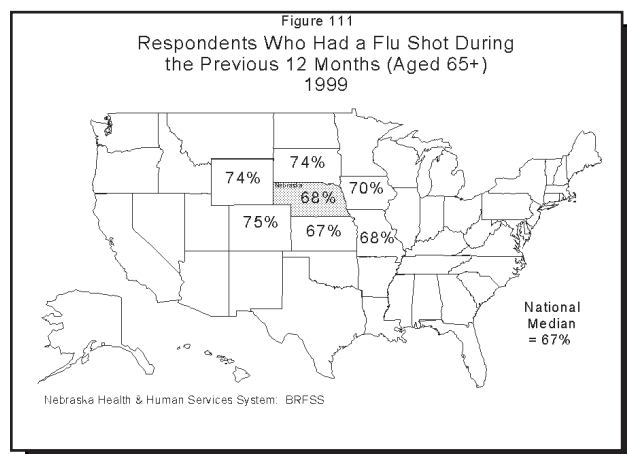
Persons aged 75 and older (72 percent) were more likely than respondents aged 65 to 74 (64 percent) to report being vaccinated for influenza during the specified time period.

Respondents living in urban counties (70 percent) were somewhat more likely than those living in rural Nebraska counties (66 percent) to say they had a flu shot in the last 12 months.

No trends were apparent by educational or income levels of respondents.

### Nebraska and the Nation

The proportion of people aged 65 and older who had received an influenza vaccination in the past twelve months (68 percent) was slightly higher in Nebraska than the national median of 67 percent (Figure 111). Of the six surrounding states, only the rates for Kansas (67 percent) and Missouri (68 percent) were as low as the Nebraska rate. The other states reported vaccination rates ranging from 70 percent for Iowa to 75 percent for Colorado.



## PNEUMONIA VACCINATIONS

### Definition

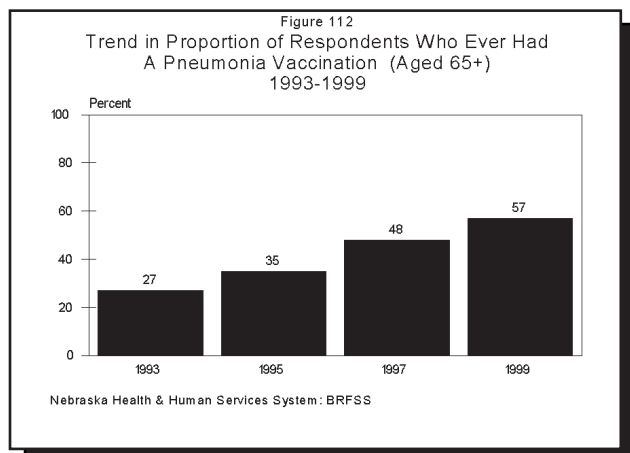
**At Risk:** Among persons aged 65 years and older, “No” to the question “Have you ever had a pneumonia vaccination?”

### Current Prevalence

More than one-half of all Nebraska BRFSS respondents aged 65 and older reported ever having a vaccination for pneumonia (57 percent). Forty percent stated they had not received this preventive measure, while 3 percent were not sure or did not disclose whether or not they had gotten this “shot.”

### Trend over Time

The proportion of respondents aged 65 and older who had ever had a pneumonia vaccination increased substantially since 1993 when data were first collected in the Nebraska BRFSS (Figure 112). Prevalence increased from 27 percent in 1993 to 35 percent in 1995, then continued to increase to the current rate of 57 percent.



### Who Has Been Vaccinated in Nebraska?

Men (55 percent) were slightly less likely than women (58 percent) to say they had ever been vaccinated for pneumonia.

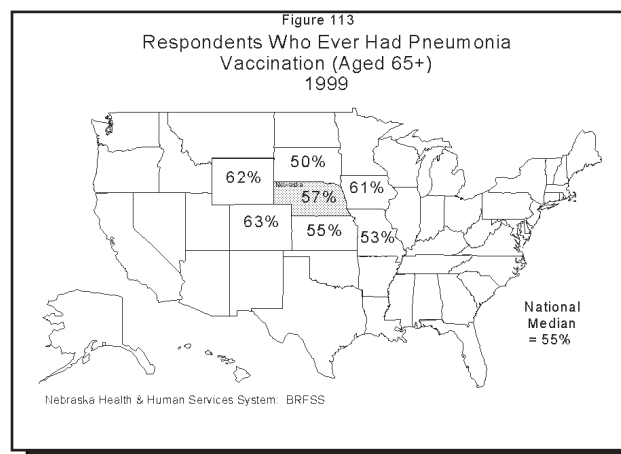
More than six of every ten elderly respondents aged 75 or older had received a vaccination for pneumonia (62 percent), compared to 52 percent of those in the younger age group (65 to 74).

Urban residents in the 65-plus age group (60 percent) were slightly more likely than residents of rural counties (55 percent) to have been vaccinated for pneumonia.

No trends were identified by level of educational attainment or household income.

### Nebraska and the Nation

Nebraska (57 percent) ranked above the national median (55 percent) in proportion of older adults (aged 65 or older) who ever received a pneumonia vaccination (Figure 113). Of surrounding states, South Dakota (50 percent), Missouri (53 percent), and Kansas (55 percent) reported lower rates than Nebraska. Colorado (63 percent), Wyoming (62 percent) and Iowa (61 percent) all achieved higher rates.



## Nebraska 2010 Objectives

Objective	Nebraska 2010 Target (%)	Nebraska BRFSS 1999 (%)	US BRFSS 1999 (%)	US 2010 Target (%)
Immunization rates among adults				
Age 65+ for:				
Pneumonia	90	57	55	90
Influenza	90	68	67	90

# ORAL HEALTH

Millions of people nationwide experience dental cavities or periodontal diseases. Many more have lost all their teeth. Early tooth loss caused by dental decay can result in failure to thrive, impaired speech development, absence from and inability to concentrate in school, and reduced self-esteem. Children may also develop permanent disabilities that affect their ability to learn and grow.

Untreated dental decay in older persons can lead to pain, abscesses, and eventual loss of teeth. Periodontal disease is a leading cause of bleeding, pain, infection, tooth mobility, and tooth loss. Even when missing teeth are replaced with dentures, there may be limitations in speech, ability to chew, and overall quality of life.

Dental disease is one of the most preventable of health problems. Proper dental hygiene and good eating habits, combined with regular professional dental care, decrease the risk of developing cavities and periodontal disease.

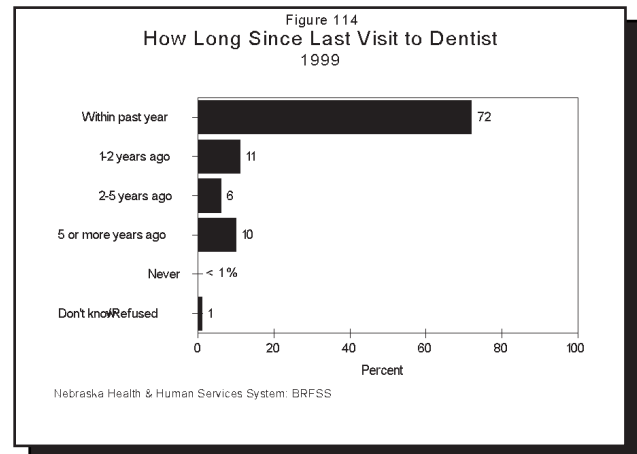
Questions regarding oral health were asked in 1999, but not in 2000.

## Definition

At Risk: Have not visited the dentist or a dental clinic within the past year.

## Current Prevalence

The majority of the adults surveyed in the 1999 Nebraska BRFSS (72 percent) said they had visited the dentist within the past year (Figure 114). For 11 percent, it had been one to two years since their last visit. Eleven percent of respondents stated it had been five years or more since they had been to the dentist or they had never been to the dentist.



## Who Has Visited the Dentist in Nebraska?

Men (68 percent) were somewhat less likely than women (75 percent) to have visited the dentist in the last year.

The proportion of respondents who visited the dentist in the past 12 months was fairly constant in all age groups, except those who were aged 75 years or older (Table 61). These older respondents were somewhat less likely than younger ones to have had a recent dental visit.

**Table 61**

Respondents Who Visited the Dentist  
Within the Past Year  
1999

Age	Dental Visit in Past Year(%)	Last Dental Visit >5 Years Ago /Never (%)
18-24	75	4
25-34	70	8
35-44	75	7
45-54	78	7
55-64	73	12
65-74	68	20
75 +	57	27

<b>Education</b>	<b>%</b>	<b>%</b>
Less Than HS	55	30
HS Grad/GED	69	12
Some College/Tec	74	8
College Grad	79	5
<b>Income</b>	<b>%</b>	<b>%</b>
<\$20,000	61	22
\$20,000 - \$34,999	68	11
\$35,000 - \$49,999	74	7
\$50,000 +	82	4

Nebraska Health & Human Services System: BRFSS

Compared to younger respondents, a much greater proportion of persons aged 65 or older reported that they had not seen a dentist for more than five years. This may be due in part to the fact that elderly persons were much more likely than other respondents to have lost all of their teeth.

Respondents living in rural counties (68 percent) were somewhat less likely than residents of urban counties (76 percent) to report a dental visit in the past year.

The proportion of persons who had visited a dentist in the last 12 months increased with increasing educational level (Table 61). Only 55 percent of persons who had not completed high school had seen the dentist within the last year. In contrast, 69 percent of high school graduates and 79 percent of college graduates reported a dental visit occurring within this time period.

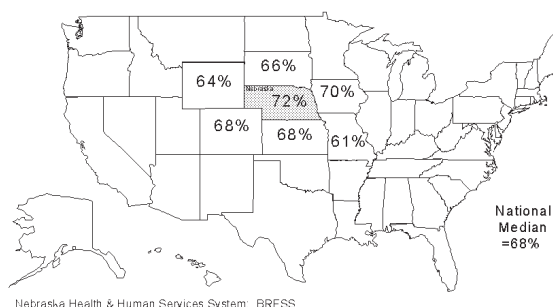
Persons with less than a high school education were also much more likely to say it had been five years or longer since their last trip to the dentist (30 percent vs. 5 percent for college graduates).

A similar trend is evident by household income of respondents. Only about six out of ten respondents with incomes below \$20,000 per year said they had visited the dentist within the last year (61 percent), compared to 82 percent of respondents with annual incomes of \$50,000 or more. Persons in this lowest income bracket also were much more likely to report that five or more years had elapsed since their last dental visit (22 percent vs. 4 percent of those in the highest income category).

## Nebraska and the Nation

In 1999, an average of 68 percent of adults nationwide stated their last visit to the dentist occurred during the past 12 months (Figure 115), compared to 72 percent in Nebraska. All of the six surrounding states reported smaller proportions of adults visiting the dentist within the past year, ranging from 61 percent in Missouri to 70 percent in Iowa.

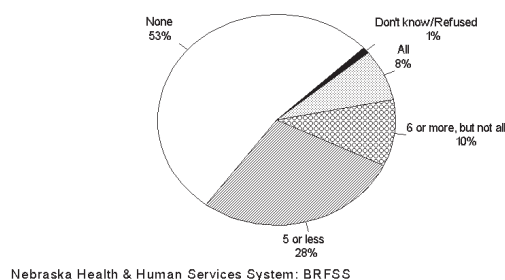
Figure 115  
Respondents Who Visited the Dentist Within the Past Year (1999)



## Loss of Permanent Teeth

Respondents to the 1999 BRFSS were asked how many of their permanent teeth have been removed because of tooth decay or gum disease. About one-half (53 percent) reported that they had lost no teeth due to these dental problems (Figure 116). However, 8 percent stated that they had at some time had all their teeth removed. Ten percent had six or more, but not all, teeth removed for these reasons.

Figure 116  
Number of Permanent Teeth Removed Due to Tooth Decay or Gum Disease 1999



## Who's at Risk in Nebraska?

Including those who had all their teeth extracted, the proportion of women who reported losing six or more teeth, (19 percent) was slightly greater than the proportion of men (16 percent).

Prevalence of tooth loss increased with age of the respondents (Table 62). Nearly three of every ten (29 percent) respondents aged 55 to 64 indicated they had six or more of their teeth removed because of gum disease or tooth decay, as did 45 percent of those aged 65 to 74. Among respondents 75 years of age and older, more than one-half (53 percent) had lost six or more teeth. In contrast, only 3 percent of respondents aged 18 to 44 reported this extent of tooth loss.

**Table 62**

Respondents Who Had 6 or More  
Teeth Extracted Due to Gum Disease  
Or Tooth Decay  
1999

<b>Age</b>	<b>%</b>
18-44	3
45-54	17
55-64	29
65-74	45
75 +	53

<b>Education</b>	<b>%</b>
Less Than HS	46
HS Grad/GED	23
Some College/Tech	12
College Grad	6

<b>Income</b>	<b>%</b>
<\$20,000	32
\$20,000 - \$34,999	20
\$35,000 - \$49,999	11
\$50,000 +	7

Nebraska Health & Human Services System: BRFSS

Among elderly respondents aged 65 to 74, 23 percent reported having all their permanent teeth extracted as did 31 percent of those aged 75 and older.

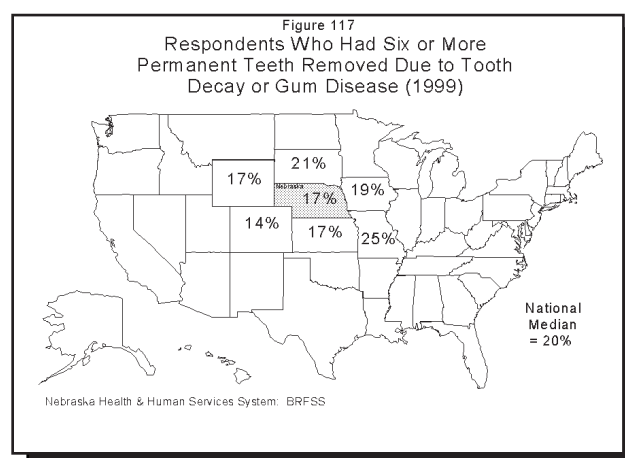
Respondents living in rural counties in Nebraska (22 percent) were much more likely than urban respondents (12 percent) to say they had six or more of their permanent teeth removed.

Nearly one-half of the respondents with less than a high school education (46 percent) reported losing six or more teeth, compared to 23 percent of high school graduates (Table 62). Among college graduates, only 6 percent had this many of their teeth removed.

Prevalence of permanent tooth loss also varied somewhat by income category of respondents. Among persons with household incomes below \$20,000 per year, nearly one-third (32 percent) said they had lost six or more teeth. In comparison, only 7 percent of those earning \$50,000 or more annually reported loss of at least six teeth due to gum disease or tooth decay.

## Nebraska and the Nation

The median proportion of persons with loss of six or more teeth from gum disease or decay was 20 percent nationwide (Figure 117), compared to 17 percent for Nebraska. Of the six surrounding states, Colorado reported the lowest rate (14 percent), while rates for Missouri (25 percent) and South Dakota (21 percent) were highest.





## Nebraska 2010 Objectives

Objective	Nebraska 2010 Target	Nebraska BRFSS 1999	US BRFSS 1999	US 2010 Target
Percent of adults aged 65-74 years who have had all their permanent teeth extracted	17%	23%	NA	20%

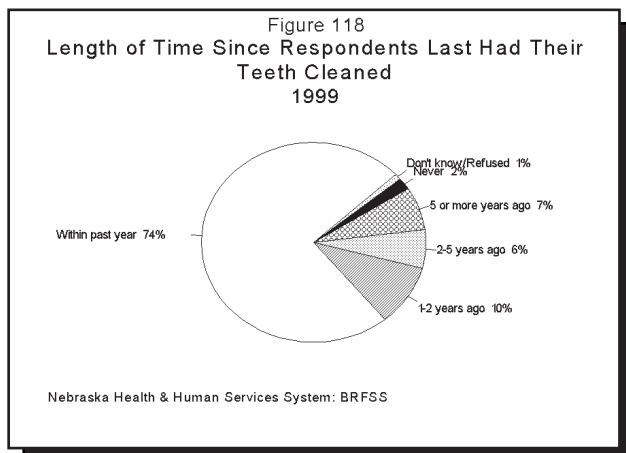
## TEETH CLEANING

### Definition

**At Risk:** Have not had teeth “cleaned” by a dentist or dental hygienist within the past year.

### Current Prevalence

Respondents to the 1999 BRFSS who had ever been to the dentist and who had not had all their teeth extracted were asked how long it had been since they had their teeth “cleaned” by a dentist or dental hygienist. Three-fourths (74 percent) of these Nebraska respondents said they had their teeth cleaned within the past year (Figure 118). For 10 percent, it had been one to two years since their last cleaning. Seven percent of adults stated it had been five or more years ago since they last had a dentist or hygienist clean their teeth, while 2 percent reported that they had never had their teeth cleaned.



### Who Has Had Teeth Cleaned in Nebraska?

Men (70 percent) were somewhat little less likely than women (78 percent) to have had their teeth cleaned in the past year.

Persons in the middle to older age categories (aged 45 to 74) were generally somewhat more likely than younger persons to say they had their teeth cleaned in the last year (Table 63). Among persons aged 45 to 74, an average of 79 percent reported having a dental cleaning done in the last year. For those aged 18 to 44, about 71 percent had this procedure done in the targeted period. Seventy percent of elderly respondents (aged 75 and older) had their teeth cleaned in the past year.

**Table 63**

Respondents Who Had Their Teeth Cleaned  
By Dentist or Dental Hygienist  
Within the Past Year  
1999

Age	Teeth Cleaned in Past Year (%)	Teeth Cleaned >5 Years Ago /Never (%)
18-24	73	5
25-34	70	9
35-44	71	11
45-54	78	7
55-64	79	8
65-74	81	9
75 +	70	15

### **Education**

Less Than HS	62	22
HS Grad/GED	70	10
Some College/Tech	74	7
College Grad	81	5

### **Income**

<\$20,000	68	15
\$20,000 - \$34,999	69	10
\$35,000 - \$49,999	74	9
\$50,000 +	83	5

Nebraska Health & Human Services System: BRFSS

The proportion of adults living in rural counties who had a dental cleaning done in the last 12 months (70 percent) was smaller than that reported by persons residing in urban counties (79 percent).

The proportion of persons who had a dental visit for teeth cleaning in the past year increased with increasing educational level (Table 63). Only 62 percent of persons who had not completed high school had their teeth cleaned within the year. In contrast, 81 percent of college graduates reported having their teeth cleaned within this time period.

Persons with less than a high school education were also much more likely to say it had been at least five years since their last dental visit for this procedure or they never had their teeth cleaned (22 percent vs. 5 percent for college graduates).

A similar trend is apparent by household income of respondents. Only about two-thirds of those with incomes below \$35,000 annually said they had their teeth cleaned during the past 12 months, compared to 83 percent of respondents with annual incomes of \$50,000 or more. Persons in this lowest income bracket also were much more likely to report that five or more years had elapsed since their last dental cleaning (15 percent vs. 5 percent of those earning at least \$50,000 per year).

### **Nebraska and the Nation**

On average, 72 percent of respondents to the 1999 BRFSS nationwide stated they had their teeth cleaned within the past 12 months (Figure 119). Nebraska, with 74 percent, fared better than the nation and all of the six surrounding states. Rates for Missouri and Wyoming, with only 63 percent of adults reporting a dental cleaning in the last year, were considerably lower than the Nebraska and the national rates. Colorado and South Dakota, with 67 percent each, also fell below the national median. ■

